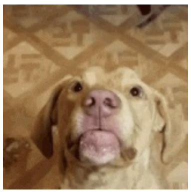
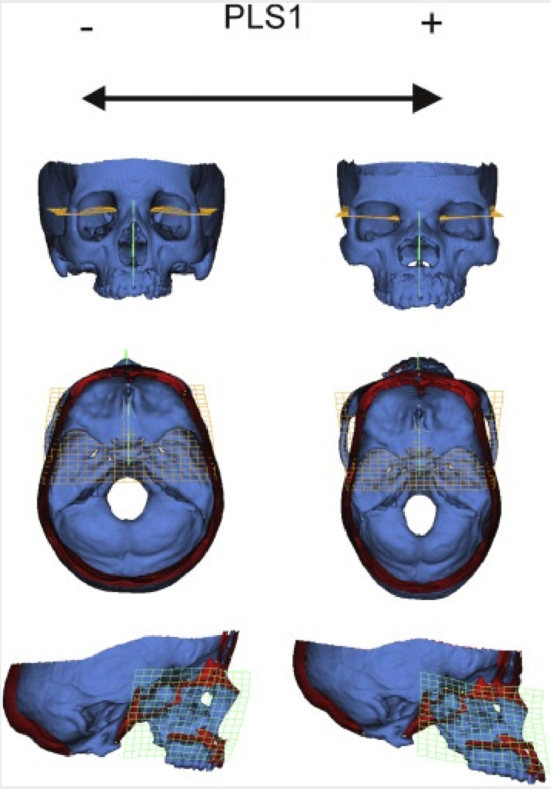
on the cranial base **Thread Modes**



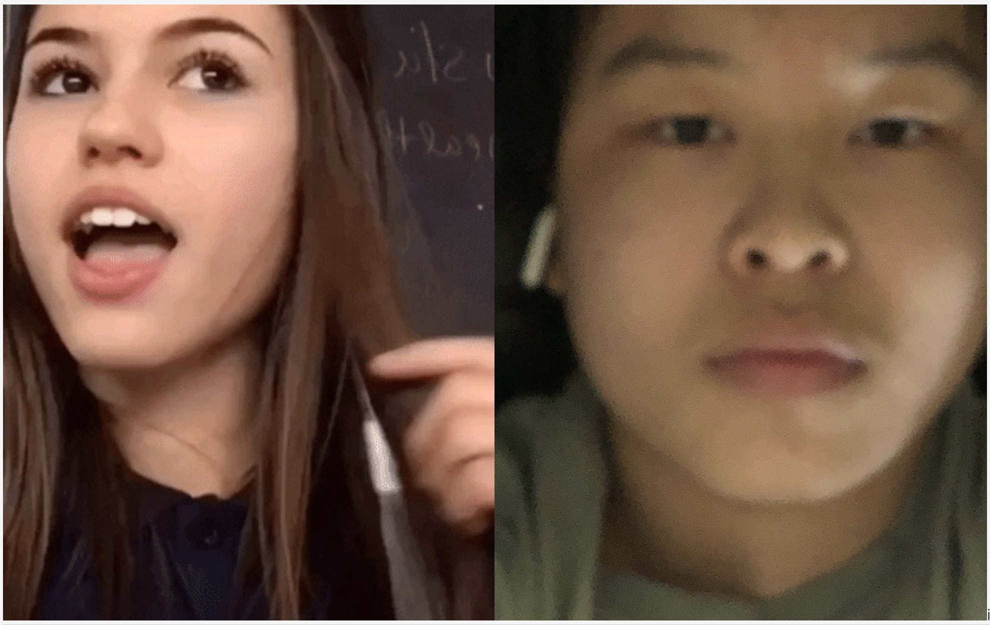
Bhunnah
pan faced gook
★★★★★★

Posts: 8,655
Threads: 349
Joined: Jan 2019
Reputation: **13,085**
Kisses: Zero

05-22-2019, 08:52 PM **#31**

> **Deliciadecu Wrote:** (05-21-2019, 02:16 PM)
>
> > **61mmAGDordeath Wrote:** (05-21-2019, 11:13 AM)
> >
> > they way i recall it, i found literally one mention of the cranial base (outside of long quotes of studies in which it was included, yet in no way highlighted) and its effects on facial development by the alphamale guy, which has since been removed. its been a while but im pretty sure naini really does not stress its role and only spents one or two paragraphs on the subject, this with a focus on saddle angle and not on broader cranial base morphology which i found to be explanatory of much more facial patterns (and thus, more interesting) than mere sna/snb values
>
> This picture is particularly intriguing, I've been searching about the formation of the supraorbital/brow ridge, and from what I've seen it has nothing to do with the strains caused by the masticatory muscles (or maybe the brow ridge rapidly adapts to the strain). The interesting thing is that on the -PLS1 we can see that the brow ridge goes downwards at the lateral sides (which causes negative eyebrow tilt, while the +PLS1 has a straight almost positively tilted brow ridge. I gonna take a look at this article later today
>
> 
>

hmm negros have pt browridges



im14

> **sin Wrote:** (06-02-2019, 01:36 AM)
>
> i jacked off in omegle as a JB i didnt giv a fuck i was so low inhib and cummed for many guys and girls, didnt care.

> **DemiChad Wrote:**

Find

Reply

borntodie

Member

Posts: 163
Threads: 4
Joined: Jan 2019
Reputation: **49**
Tinder Matches: 1000+
Dates: 100+
Kisses: 90
Slay Count: 50+ Slayer
Relationships: 20+

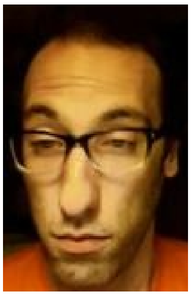
05-22-2019, 09:07 PM **#32**

High IQ mods pin this thread

Time to Ascend.

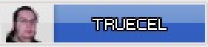
Find

Reply



Narrow-Faced Nancy

Senior Member



Posts: 509
Threads: 8
Joined: May 2019
Reputation: **351**

05-22-2019, 11:14 PM **#33**

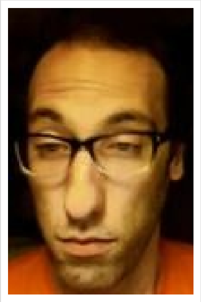
PLS123+ is a prehistoric giga Chad and a - is a modern day inceL with a weak jaw and recessed cheekbones.

I am a weak jawed faggot from the shallow end of the gene pool.

At least I'm not a shitskined Indian

Find

Reply



Narrow-Faced Nancy

Senior Member

TRUECEL

Posts: 509
Threads: 8
Joined: May 2019
Reputation: **351**

05-23-2019, 02:48 PM (This post was last modified: 05-23-2019, 02:48 PM by Narrow-Faced Nancy.)

#34

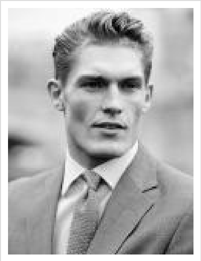
pls3+ is a MM giga chad. Those high cheekbones would shatter a aluminum baseball bat on impact.

I am a weak jawed faggot from the shallow end of the gene pool.

At least I'm not a shitskined Indian

Find

Reply



61mmAGDordeath

Senior Member

HQNP

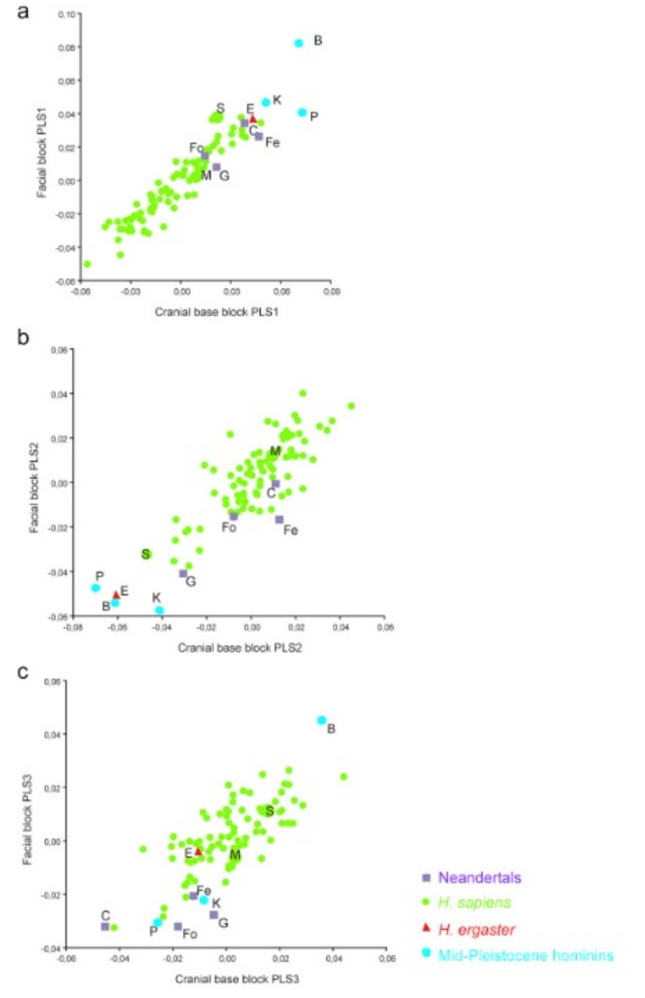
Posts: 564
Threads: 8
Joined: Dec 2018
Reputation: **2,789**

05-23-2019, 07:48 PM

#35

> **Narrow-Faced Nancy Wrote:** (05-22-2019, 11:14 PM)
>
> PLS123+ is a prehistoric giga Chad and a - is a modern day inceL with a weak jaw and recessed cheekbones.

homo sapiens' 3d cranial base dimensions compared to some earlier humanoids are displayed in this series of graphs

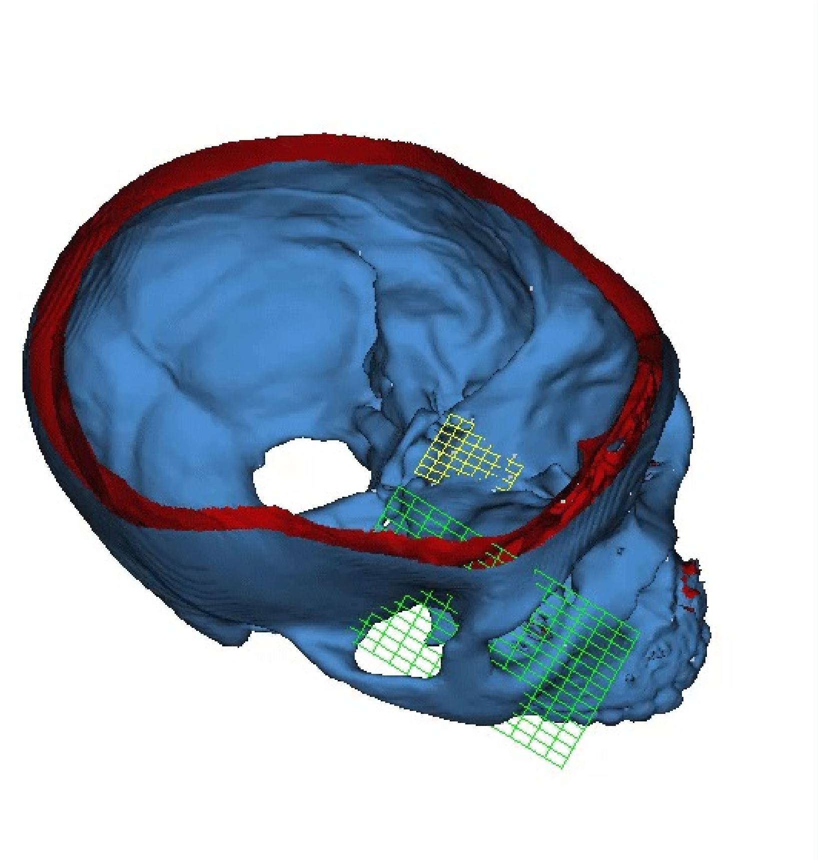


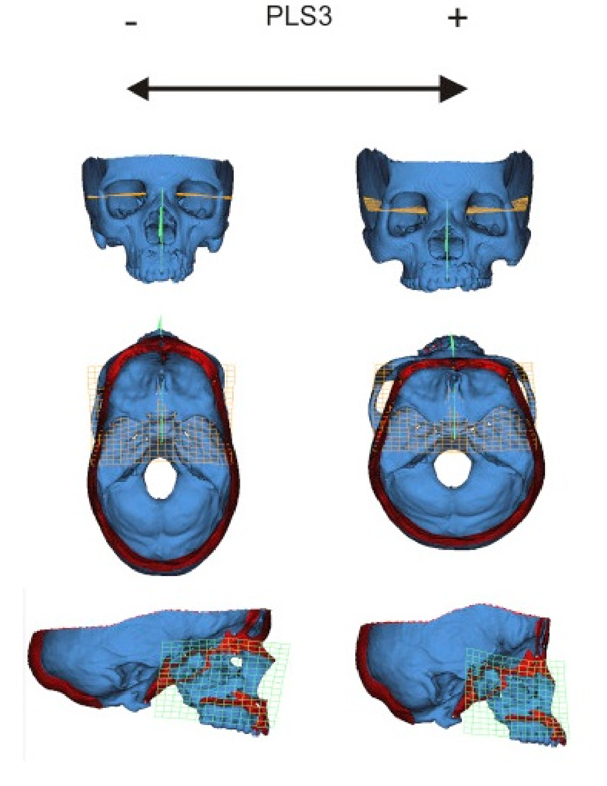
> **Quote:**
>
> pls3+ is a MM giga chad

.

imo its a rather poor facial pattern to have strongly expressed in one's face. i think that you very much overestimate the value of "zygo projection" (that is, projection in relation to midline) by itself. you think of drago when looking at the pls-generated skull, i think of your standard mongoloid asian. too wide when looked at from frontal and too narrow/horizontally short when looked at from saggita (almost comical looking if you stare for a bit)l. wide cranium in comparison to eye sockets (this would be a very large difference with your hernan), lack of lower maxilarry projection in comparison to upper maxilla and lack of upper maxillary projection in relation to zygos and other surrounding areas, giving that typical flat midface look that asians tend to have so much, its all relative to something. obvious lack of orbital projection (i can almost see the eyeballs popping out of that skull in the gif below). also take not of the complete lack of nasion which is highly characteristic of asians and the wide af 'intereye' section (frontal process of maxilla and, perhaps, lachrymal to some extent) which i have come to associate with asians but have not yet seen confirmed (since i didnt look for confirmation at all). once again, you cant call see a guy and say "ow hes pls3", any usage similar to above should be dropped. its about general facial patterns arising form differences in cranial base topology, the morphing done in the gifs is probably extremely extremely amplified and suited at all for definitively and precisely characterizing general facial patterns (of course, i dont know for sure because i only mildly understand the study and zero zero percent understand the pls system). having that said, generally, i would consider pls3 positive-like facial patterns to not be favorable, per se, to pls3 negative-like structures, this, of course, would heavily depend on the face's other features and characteristics.

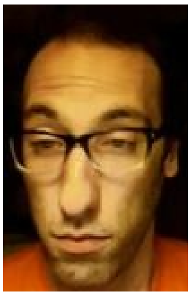
material in question for reference:





Find

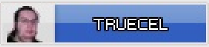
Reply



Narrow-Faced Nancy

Senior Member

★★



Posts: 509
Threads: 8
Joined: May 2019
Reputation: 351

05-24-2019, 03:31 PM

#36

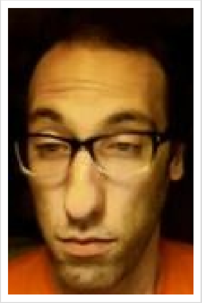
I think you are wrong about pls 3+ being flat faced with bug eyes. The reason Asians have flat faces is due to maxillary hypoplasia. The pls3+ skull is a hunter gatherer with hunter eyes. Pls3- has prey eyes. If you combine PlS 1&3+ it's a chiseled slayer. Look closer at the pls3+ skull and you will see the zygo arch is laterally just as wide as the neurocranium and horizontally the A point of the maxilla is most anterior/forward. In pls3- the maxilla is slightly recessed. Pls3+ is the giga slayer.

I am a weak jawed faggot from the shallow end of the gene pool.

At least I'm not a shitskined Indian

Find

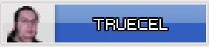
Reply



Narrow-Faced Nancy

Senior Member

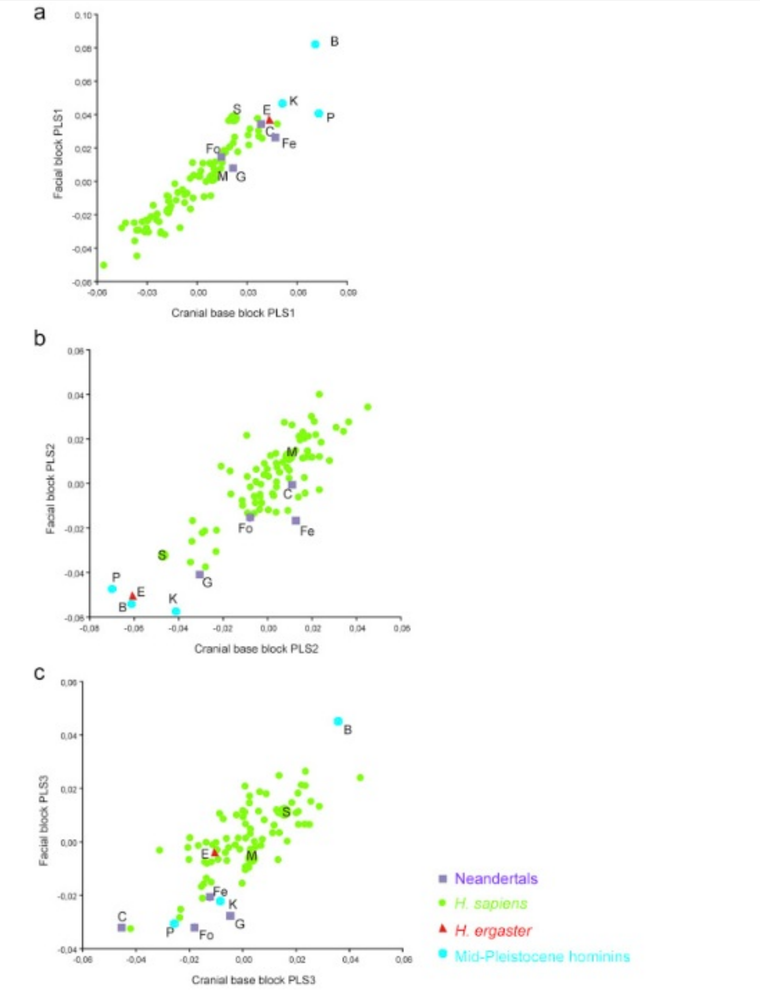
★★



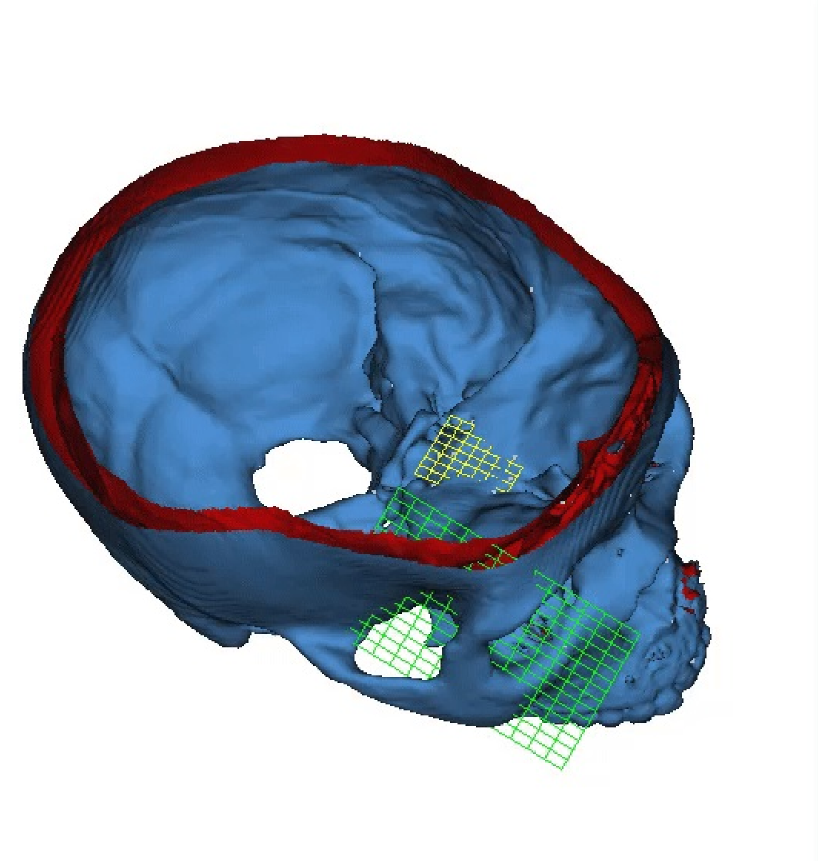
Posts: 509
Threads: 8
Joined: May 2019
Reputation: **351**

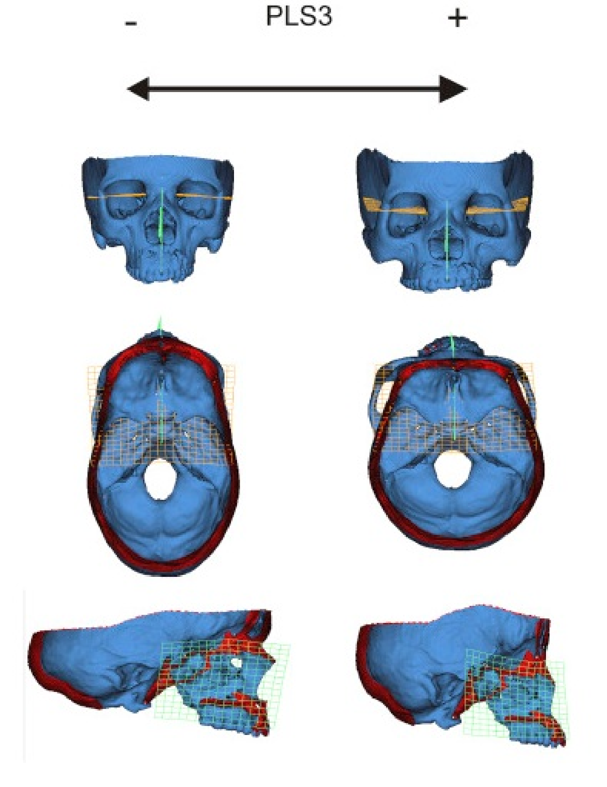
05-24-2019, 05:25 PM

#37

> **61mmAGDordeath Wrote:** (05-23-2019, 07:48 PM)
>
> > **Narrow-Faced Nancy Wrote:** (05-22-2019, 11:14 PM)
> >
> > PLS123+ is a prehistoric giga Chad and a - is a modern day inceL with a weak jaw and recessed cheekbones.
>
> homo sapiens' 3d cranial base dimensions compared to some earlier humanoids are displayed in this series of graphs
>
> 
>
>
> **Quote:**
>
> pls3+ is a MM giga chad
>
> .
>
> imo its a rather poor facial pattern to have strongly expressed in one's face. i think that you very much overestimate the value of "zygo projection" (that is, projection in relation to midline) by itself. you think of drago when looking at the pls-generated skull, i think of your standard mongoloid asian. too wide when looked at from frontal and too narrow/horizontally short when looked at from saggita (almost comical looking if you stare for a bit)l. wide cranium in comparison to eye sockets (this would be a very large difference with your hernan), lack of lower maxilarry projection in comparison to upper maxilla and lack of upper maxillary projection in relation to zygos and other surrounding areas, giving that typical flat midface look that asians tend to have so much, its all relative to something. obvious lack of orbital projection (i can almost see the eyeballs popping out of that skull in the gif below). also take not of the complete lack of nasion which is highly characteristic of asians and the wide af 'intereye' section (frontal process of maxilla and, perhaps, lachrymal to some extent) which i have come to associate with asians but have not yet seen confirmed (since i didnt look for confirmation at all). once again, you cant call see a guy and say "ow hes pls3", any usage similar to above should be dropped. its about general facial patterns arising form differences in cranial base topology, the morphing done in the gifs is probably extremely extremely amplified and suited at all for definitively and precisely characterizing general facial patterns (of course, i

> dont know for sure because i only mildly understand the study and zero zero percent understand the pls system). having that said, generally, i would consider pls3 positive-like facial patterns to not be favorable, per se, to pls3 negative-like structures, this, of course, would heavily depend on the face's other features and characteristics.
>
> material in question for reference:





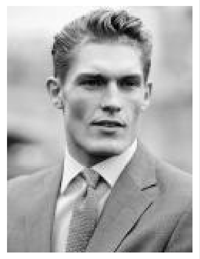
Pls3 should be about 80%+ for maximum aesthetics when combined with Pls1+

I am a weak jawed faggot from the shallow end of the gene pool.

At least I'm not a shitskined Indian

Find

Reply



61mmAGDordeath

Senior Member

HQNP

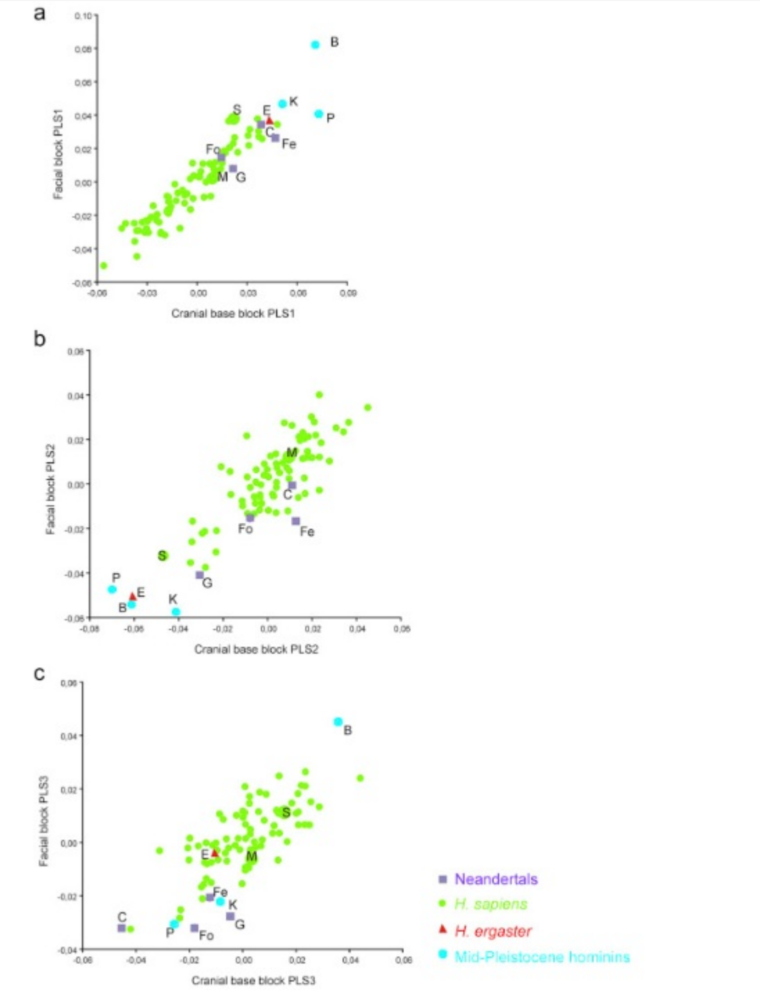
Posts: 564
Threads: 8
Joined: Dec 2018
Reputation: **2,789**

05-24-2019, 10:04 PM (This post was last modified: 05-25-2019, 07:32 AM by 61mmAGDordeath.) **#38**

> **Narrow-Faced Nancy Wrote:** (05-24-2019, 03:31 PM)
>
> I think you are wrong about pls 3+ being flat faced with bug eyes. The reason Asians have flat faces is due to maxillary hypoplasia. The pls3+ skull is a hunter gatherer with hunter eyes. Pls3- has prey eyes. If you combine PlS 1&3+ it's a chiseled slayer. Look closer at the pls3+ skull and you will see the zygo arch is laterally just as wide as the neurocranium and horizontally the A point of the maxilla is most anterior/forward. In pls3- the maxilla is slightly recessed. Pls3+ is the giga slayer.

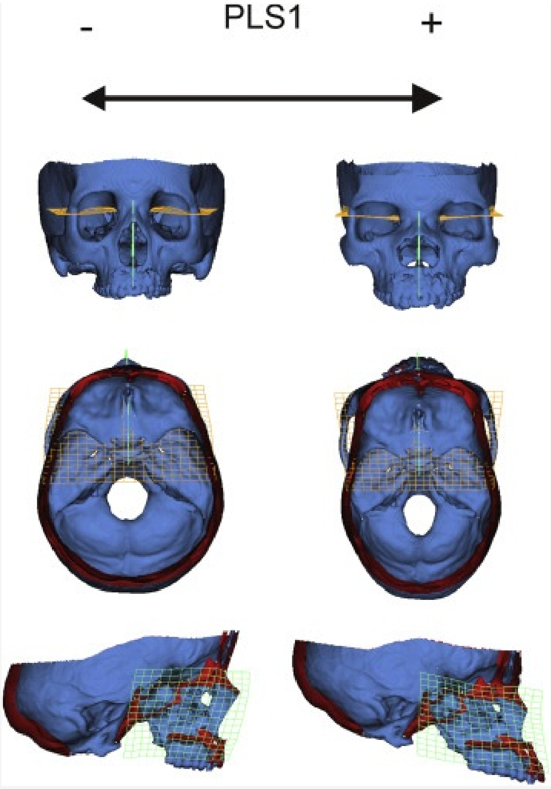
i sincerely doubt you can find single research paper which states that all asians have maxillary hypoplasia, though i dont hold any strong feelings over the subject

> **Quote:**
>
> he pls3+ skull is a hunter gatherer with hunter eyes.



take a look at average values of h.sapiens vs the rest

i would also like to once again draw attention to computations for the pls1 facial block (which previous humanoids score a lot higher (positive values) in than h.sapies (refer to graphs above)).



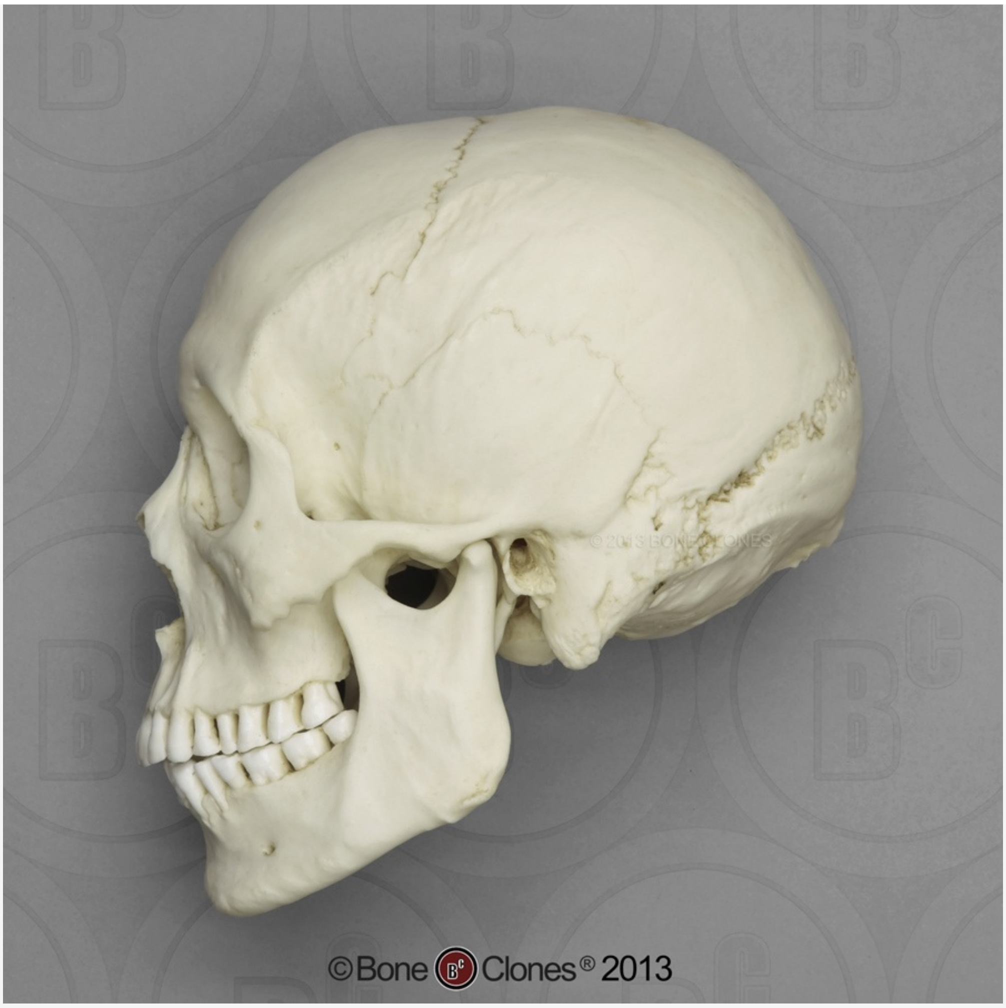
the right skull is what an aggressive, hunter eye orbital area looks like. wide-af orbitals, vertically narrow with near-parallel infraorbitals and supraorbitals, both straight af no curves. pls3 positive does not show any of these qualities.

> **Quote:**
>
> Look closer at the pls3+ skull and you will see the zygo arch is laterally just as wide as the neurocranium

i was not referring to neurocranium width in relation to zygomatic arch. rather, i was referring to neurocranium lateral projection in relation to infraorbital widht, which is massive for our pls3+ guy. i touched upon this in my original post, i consider this to be a major determinant of facial appearance and having a wide neurocranium to be a rather big flaw. compare pls1 negative and positive for a straightforward demonstration, once you learn to detect orbital borders irl this will become even more evident.

> **Quote:**
>
> horizontally the A point of the maxilla is most anterior/forward.

i think you are referring to Pr rather than A. as prosthion is literally defined as the most inferior anterior point of the alveolar maxilla and i think i have yet to see a single skull with the subspinale more anteriorly positioned than the prosthion (though i guess maxillary hypoplasia patients might be candidates). with that said, i have been looking at results for "asian skulls" all troughout writing this post and have yet to find a single one where the prosthion was not the most forwardly positioned point. for example:



this is not a way to identify an asian.

there are two particular observations/counterarguments that i would like to highlight here. before starting, i would like to once again clearly define the terms 'prognathism' and 'projection', which i am guilty of having used interchangeably (probably even troughout this post), because i think that the difference will be relevant here. i will cite Rosas & Bastir (2016) here, like i did in my main post.

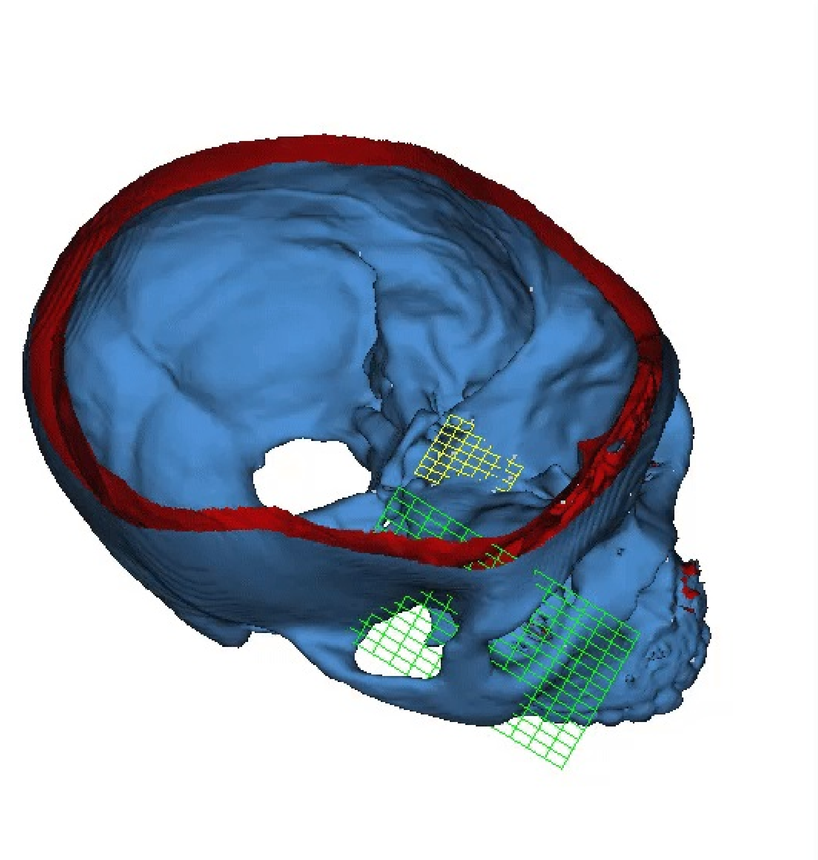
> **Quote:**
>
> i) prognathism, which is the angular relationship between the face and the cranial base, and ii) facial projection, which describes the degree to which the facial profile projects anteriorly [note: also in relation to the cranial base].

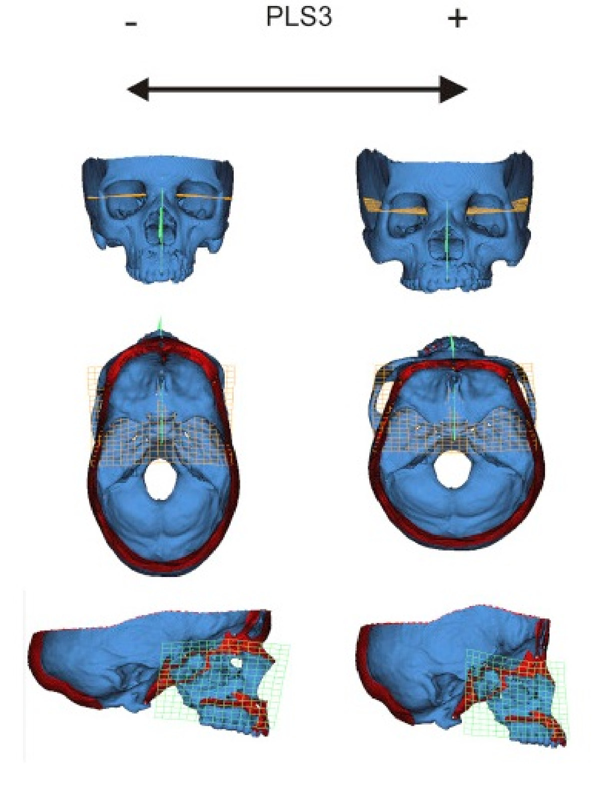
because i do not find the definition of prognathism or projection to be particularly practical in internet discussions, i will only loosely follow it and propose a slightly differing (looser) definition. formulating this seems rather tiring, however, so i will illustrate it with an example instead. when we talk about a thing such as maxillary prognathism, we are referring to the angular relation which you described originally ("horizontally the A point of the maxilla is most anterior/forward"), ie how far forward is the lower maxilla compared to upper maxilla. i think that this fits the original definiton given by Rosas & Bastir (2016) and other usage of the term i have seen, its rather straightforward really. now, i will consider two kinds of projection: relative projection (in relation to other facial elements) and projection in relation to the cranial base, aka facial projection (attempts i have seen to formulate the latter on lookism have been in the spirit of "zygomatic arch length", i think the concept is straightforward though, how "long" is your face horizontally, how far are your orbitals removed from your ears etc, its just a nice formal definition).

firstly, i would like to highlight the lack of relative maxillary projection that pls3+ (i will use this to refer to the skull) shows. as mentioned in the original post, nasal cavities are very retracted (you can clearly see this in the gif, which i will post later for reference, its not the zygos coming forward its the rest of the face coming backward). very, very asian thing which i feel gives a lot of the flat midface vibes they get. their zygos are just on par or even more anteriorly positioned then their maxilla, of course your shit is going to look flat af. i do not have any data to support this and rely on mere real life observations in reaching this conclusion, but i feel that forward nasal cavities are a very caucasian thing. pls3+, of course, shows the opposite.

secondly, consider facial projection in relation to cranial base. once again, look at the gif, look at the pics (also posted below for reference), its obvious that facial projection is brought to a minimum. very shit treat to have, but, once again, typically typically asian. any strong, robust, caucasian chad you see will have a somewhat strongly projecting face.

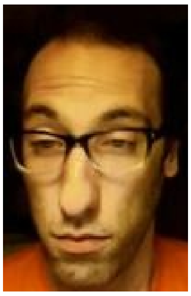
to conclude, i would once again like to highlight pls3+'s nasion as well as the charts on top showing pls3 block values for prehistoric chads vs modern day incels.





Find

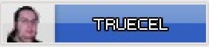
Reply



Narrow-Faced Nancy

Senior Member

★★



Posts: 509
Threads: 8
Joined: May 2019
Reputation: **351**

05-24-2019, 11:41 PM (This post was last modified: 05-24-2019, 11:44 PM by Narrow-Faced Nancy.) **#39**

I agree that laterally wide orbital margins are ideal but anteriorly forward zygos that line up with the supraorbital rim are ideal according to the aesthetic guidelines of western plastic surgery Pls 1&3+ for the slayerdom win buddy boyo.

I am a weak jawed faggot from the shallow end of the gene pool.

At least I'm not a shitskined Indian

Find

Reply

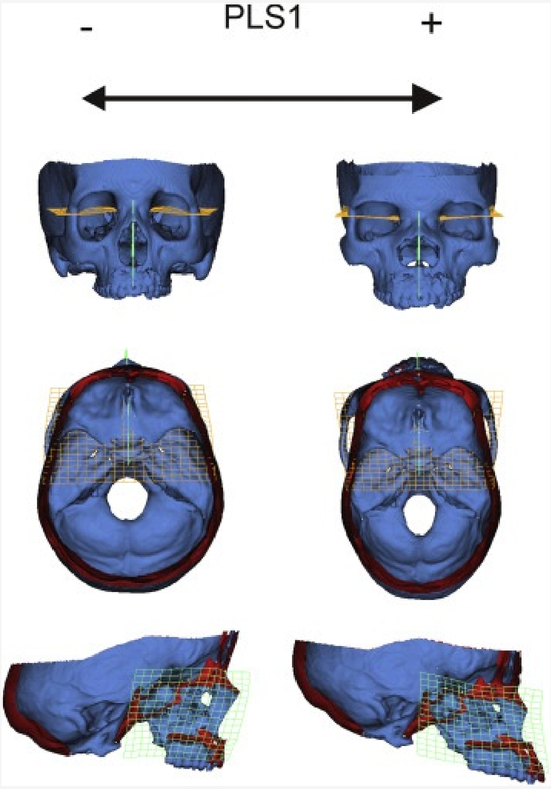
Deliciadecu

Beauty is DEAD

★★★★★

Posts: 4,285
Threads: 319
Joined: Jan 2019
Reputation: **8,870**

05-27-2019, 06:54 PM **#40**



I had to read twice this article because it has a lot of information, but definitely, it's really insightful. The cranial vault should be more discussed here since it's the earliest component to determine the facial growth (before posture and masticatory muscles).

Apparently, the masticatory force has nothing to do with the brow ridge, I've read many articles and none found evidence (although most of them were using adult skulls, so maybe the brow ridge was already developed enough to resist the force and this made any sign of strain undetectable). But looking at PLS1 on this article it shows exactly what I was looking, the -PLS1 (human) has the negative tilt on the browridge, while the PLS1+ (Neanderthal) has a brow ridge with a neutral tilt. This is interesting, especially because the PLS1 had a higher covariance, and I assume that means it has a bigger effect.

OP, do you think how deep set your eyes are on the orbit socket depends on this too?

Because the sphenoid bone is directly affected by the cranial vault, the PLS1+ even has a bigger anterior cranial base. I believe this affects directly on how deep set the eyes are tbh

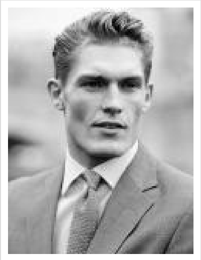
SUBSCRIBE: NEW VIDEO IS OUT!

Website Find Reply

61mmAGDordeath
Senior Member

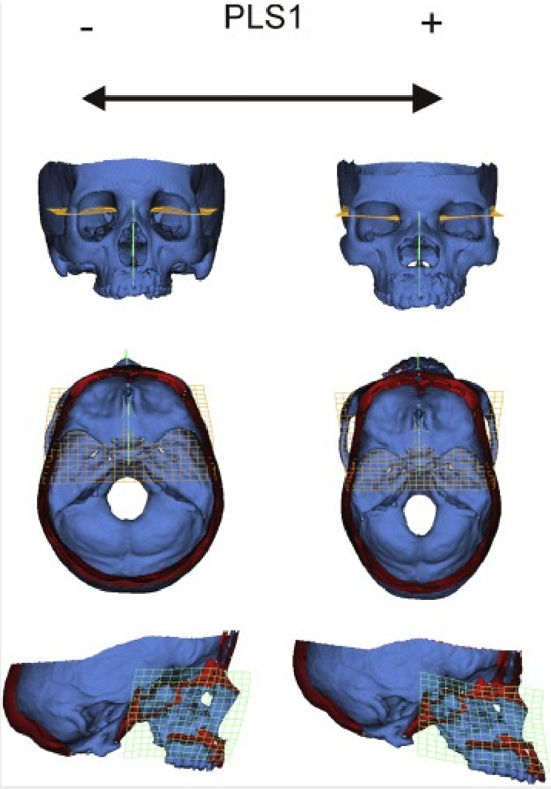
05-28-2019, 05:55 PM (This post was last modified: 05-28-2019, 06:00 PM by 61mmAGDordeath.) #41

Deliciadecu Wrote: (05-27-2019, 06:54 PM)



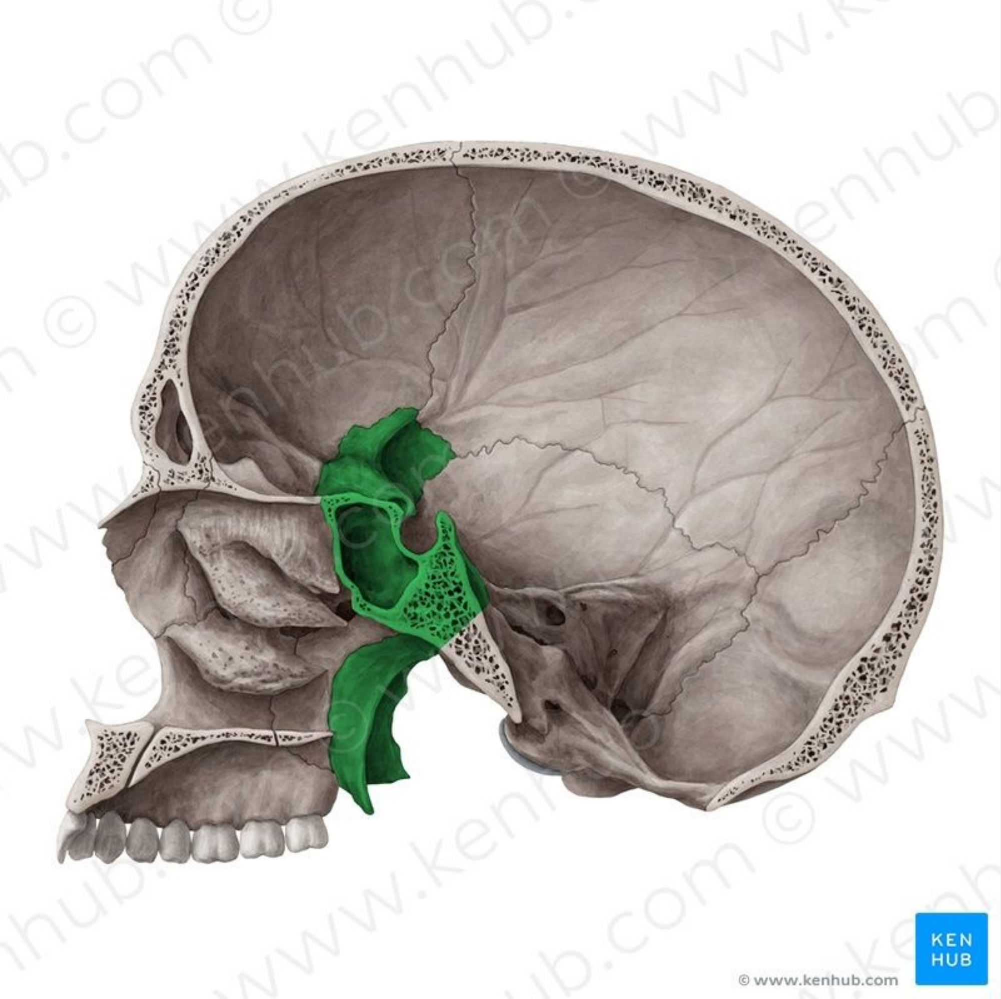
HQNP

Posts: 564
Threads: 8
Joined: Dec 2018
Reputation: **2,789**

> 
>
>
> I had to read twice this article because it has a lot of information, but definitely, it's really insightful. The cranial vault should be more discussed here since it's the earliest component to determine the facial growth (before posture and masticatory muscles).
>
> Apparently, the masticatory force has nothing to do with the brow ridge, I've read many articles and none found evidence (although most of them were using adult skulls, so maybe the brow ridge was already developed enough to resist the force and this made any sign of strain undetectable). But looking at PLS1 on this article it shows exactly what I was looking, the -PLS1 (human) has the negative tilt on the browridge, while the PLS1+ (Neanderthal) has a brow ridge with a neutral tilt. This is interesting, especially because the PLS1 had a higher covariance, and I assume that means it has a bigger effect.

i have some trouble deciphering what you mean with "brow ridge", are you referring to supraorbitals?

> **Quote:**
>
> **OP, do you think how deep set your eyes are on the orbit socket depends on this too?**
>
> Because the sphenoid bone is directly affected by the cranial vault, the PLS1+ even has a bigger anterior cranial base. I believe this affects directly on how deep set the eyes are tbh



nice. finally someone that is also autistic enough to spend time thinking about sphenoid positioning and its effect on facial appearance 🥰 . i have though about this concept of eye socket depth at some point in the past yet dropped it when i could find little documentation on it and no one lookism found it to be particularly interesting, though i admittedly did not search intensively. i kind of dropped this subject from my mind after this, until a few days ago. i was looking for more documentation on the differences in cranial morphology between asians and caucasians in relation to above discussion (which i failed to find reliable sources or time to read for) when i stumbled upon someone mention socket depth, im pretty sure it was on quora or smth. the claim was that caucasians, on average, had much deeper eye sockets, which explaind why asians tend to have bug eyes and caucasians tend to have more deep set eyes. on lookism im pretty sure people tend to blame something vague like "orbital recession" for bug eyes which i dont find particularly convincing (look at some asian skulls vs caucasian skulls tbh), eye socket depth seems like a much more reliable and intuitive explanation. with this cranial base thing theres even a general facial pattern to be ascribed to people with bug eyes and an explanatory factor for socket depth, which altogether seems like the base for a theory.

in short yes i do think it has an impact. might research it in a month or so when i have more free time. glad you brought this up. tag me if youre going to dive further bb 🥰

---

on a second thought i do actually think "orbital recession" kind of fits. that is, if you read recession as recession relative to posterior socket wall (as opposed to rest of the face or adjacent facial areas), which is a connection i have myself never made. lack of orbital projection would better fit this in terms of termology presented in this thread.

Find

Reply

GWPRG

Newbie

Posts: 4
Threads: 0
Joined: May 2019
Reputation: 260

05-28-2019, 07:13 PM

#42

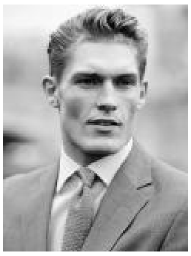
@61mmAGDordeath
@Deliciadecu

The lower wings of the sphenoid are attached to the mandible via medial and lateral pterygoids, and then the mandible is attached to the temporal bone via the temporalis. So when you use your temporalis and masseters to bring the mandible up, you are simultaneously pulling the sphenoid down, leading to a series of consequences that ends up flattening out the cranial floor and swinging the face forward. The mandible essentially acts as a lever for the cranial base. What is interesting that, in terms of cranial musculature, the greatest leverage for flattening the cranial base is accomplished when the mandible is clenched up and back instead of up and forward, which appears counterintuitive and recession-inducing at first, but due to everything you have brought up so far, results in the exact opposite. I fully agree with the premises you have presented in this thread, it is exactly the way my cranium has been improving through mewing and postural correction.

Related visualization: imgur . com/a/cjUCdrr

Find

Reply



61mmAGDordeath

Senior Member

★★

HQNP

Posts: 564
Threads: 8
Joined: Dec 2018
Reputation: 2,789

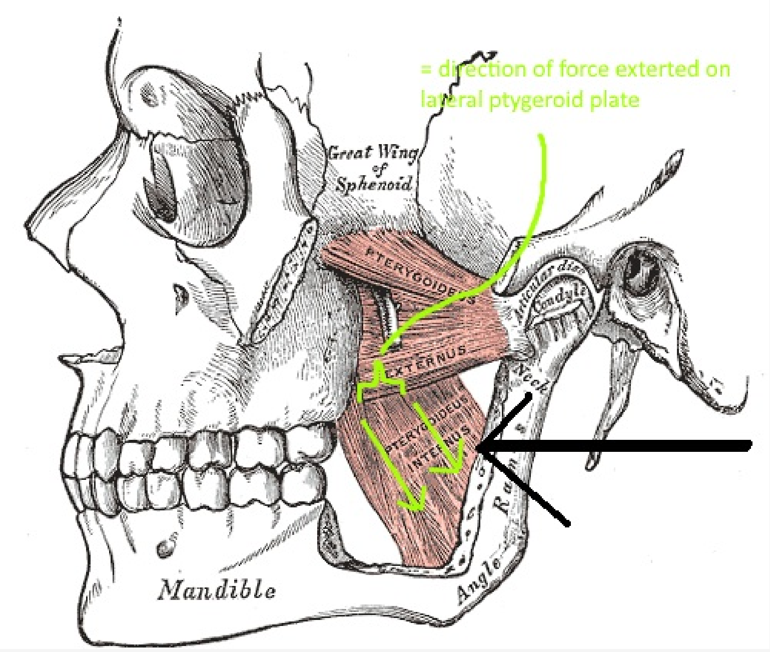
05-28-2019, 08:22 PM

#43

> **GWPRG Wrote:** (05-28-2019, 07:13 PM)

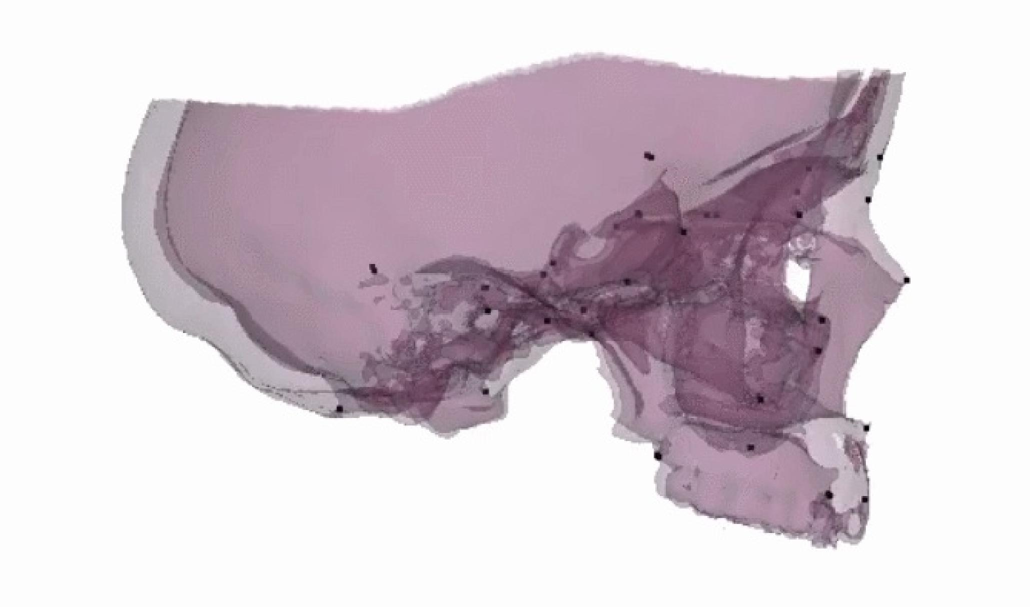
> @61mmAGDordeath
> **@Deliciadecu**
>
> The lower wings of the sphenoid are attached to the mandible via medial and lateral pterygoids, and then the mandible is attached to the temporal bone via the temporalis. So when you use your temporalis and masseters to bring the mandible up, you are simultaneously pulling the sphenoid down, leading to a series of consequences that ends up flattening out the cranial floor and swinging the face forward. The mandible essentially acts as a lever for the cranial base. What is interesting that, in terms of cranial musculature, the greatest leverage for flattening the cranial base is accomplished when the mandible is clenched up and back instead of up and forward, which appears counterintuitive and recession-inducing at first, but due to everything you have brought up so far, results in the exact opposite. I fully agree with the premises you have presented in this thread, it is exactly the way my cranium has been improving through mewing and postural correction.
>
> Related visualization: imgur . com/a/cjUCdrr

very interesting. i have previously, in any discourse regarding the face, completely ignored the facial muscles (big mistake), so i have some trouble visualizing this. what i am assuming is that during mewing/clenching the mandible, your medial pterygoid is contracted as well as the anterior portion of your temporalis. the medial pterygoid attaches to the medial side of the lateral pterygoid plate (illustrated in the spoiler), causing the sphenoid to be pulled down and back like so (text is barely readible if youre using a blue light filter like i am but its there):



the masseter then attaches to the zygoma, which i assume has no (direct) effect on the cranial base. the same, i assume, goes for the anterior portion of the temporal muscle, which attaches to the mandible. this would leave the lateral pterygoid plate being pulled back and down as the only movement

now, when i look at this gif, however



and i try to follow the position of the lateral ptygeroid plate (immediately behind the upper teeth), i would definitely say the recessed subhuman has a more downwardly and backwardly positioned lateral ptygeroid plate. i barely knew about the existence of pterygoid an hour ago, keep this in mind. am i mistaking muscle function or missing a part of dynamics here?

Spoiler

the great work tourist btw?

Find

Reply

GWPRG

Newbie

Posts: 4
Threads: 0
Joined: May 2019
Reputation: **260**

05-28-2019, 09:40 PM

#44

A justified question. In reality, the sphenoid, although being pulled down, does not itself move down. Rather, this leverage is redirected to the cranial floor and the facial bones, both of which then rotate up to more closely match the height of the sphenoid, as can be seen in the purple gif. This is largely because the sphenoid functions as kind of a keystone (i.e. the top-most brick in an arch made of bricks that holds the arch together). The rest of the skull revolves around it. So in a way nudging the sphenoid is more about nudging everything but the sphenoid.

I forgot to mention that the anterior part of the temporalis muscle lies on top of the greater wings of the sphenoid, which probably plays into the narrowing of the temple area that is seen as you move into positive PLS1. The way I see it is that activating the temporalis ends up "squeezing" the sphenoid from the sides.

In contrast, the lateral pterygoids are also attached to the sphenoid, but in a practically opposing way: whereas the temporalis squeezes the sphenoid inward and leads to forward projection of the face, jutting the mandible forward means that the sphenoid is being pulled apart to the sides, which would then bring the face backward in accordance to the lessening PLS1 value. Before I understood this, I had a brief experiment with static mandibular jutting which resulted in my bite getting narrower, tighter and uncomfortable at the TMJ joint. In retrospect, now it makes perfect sense why it happened.

Find

Reply

Deliciadecu

Beauty is DEAD

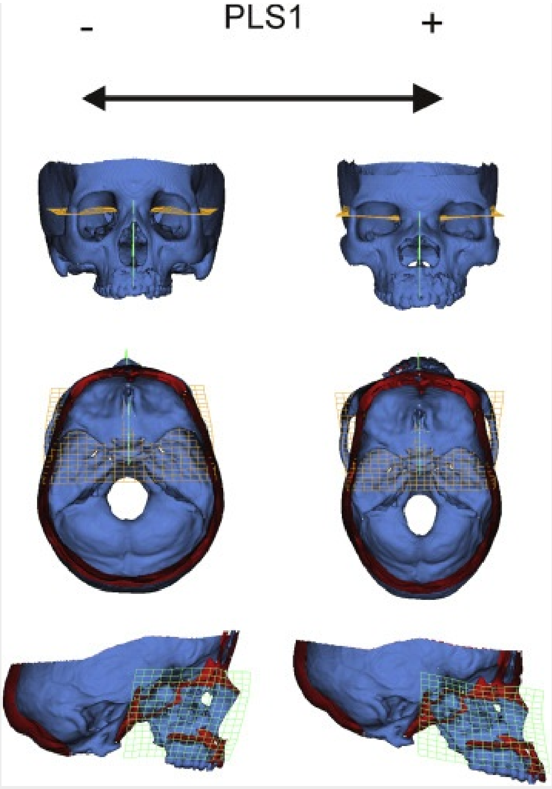
★★★★★

Posts: 4,285
Threads: 319
Joined: Jan 2019
Reputation: **8,870**

05-29-2019, 01:28 PM

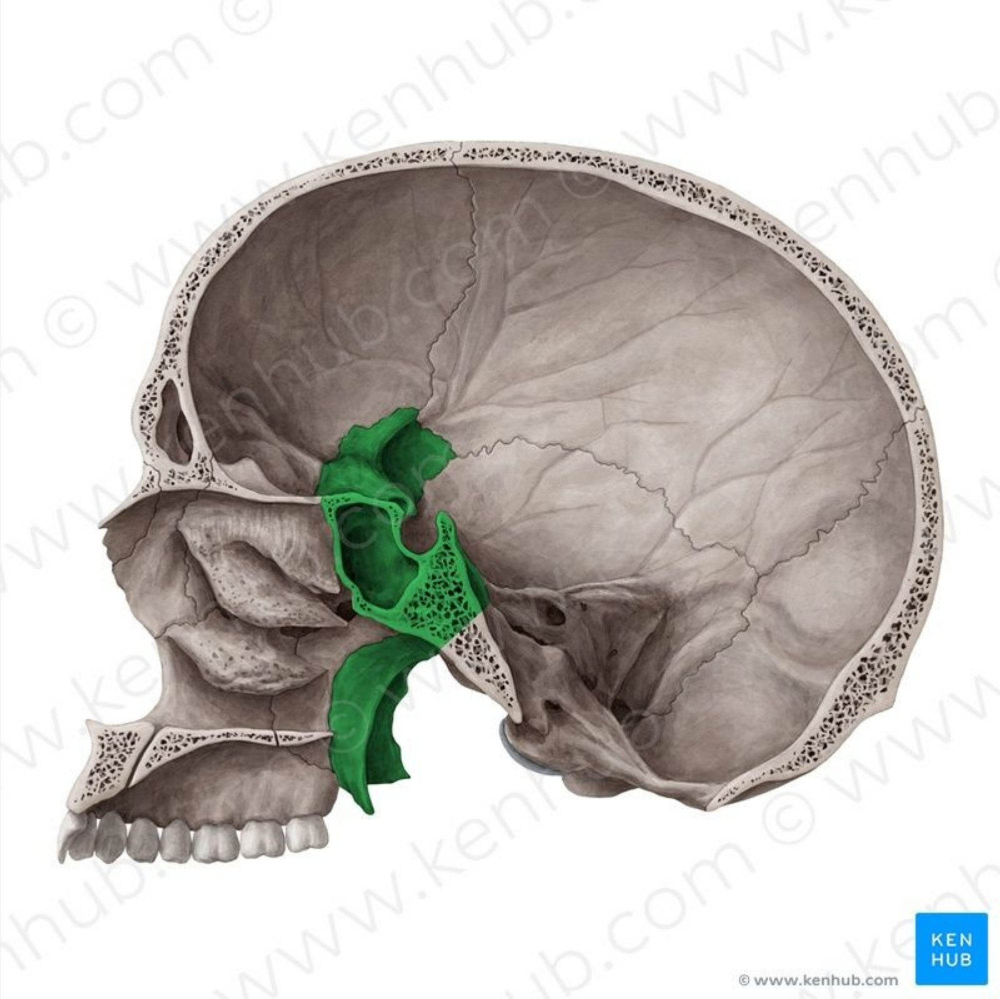
#45

> **61mmAGDordeath Wrote:** (05-28-2019, 05:55 PM)
>
> > **Deliciadecu Wrote:** (05-27-2019, 06:54 PM)

> 
>
>
> I had to read twice this article because it has a lot of information, but definitely, it's really insightful. The cranial vault should be more discussed here since it's the earliest component to determine the facial growth (before posture and masticatory muscles).
>
> Apparently, the masticatory force has nothing to do with the brow ridge, I've read many articles and none found evidence (although most of them were using adult skulls, so maybe the brow ridge was already developed enough to resist the force and this made any sign of strain undetectable). But looking at PLS1 on this article it shows exactly what I was looking, the -PLS1 (human) has the negative tilt on the browridge, while the PLS1+ (Neanderthal) has a brow ridge with a neutral tilt. This is interesting, especially because the PLS1 had a higher covariance, and I assume that means it has a bigger effect.

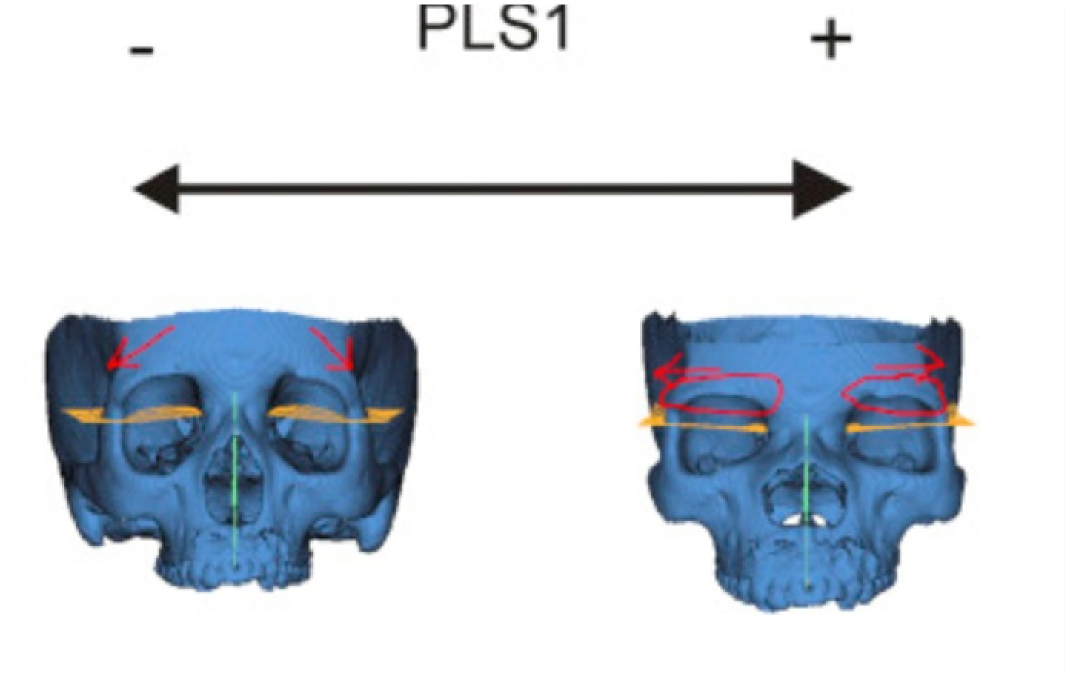
i have some trouble deciphering what you mean with "brow ridge", are you referring to supraorbitals?

> **Quote:**
>
> **OP, do you think how deep set your eyes are on the orbit socket depends on this too?**
>
> Because the sphenoid bone is directly affected by the cranial vault, the PLS1+ even has a bigger anterior cranial base. I believe this affects directly on how deep set the eyes are tbh



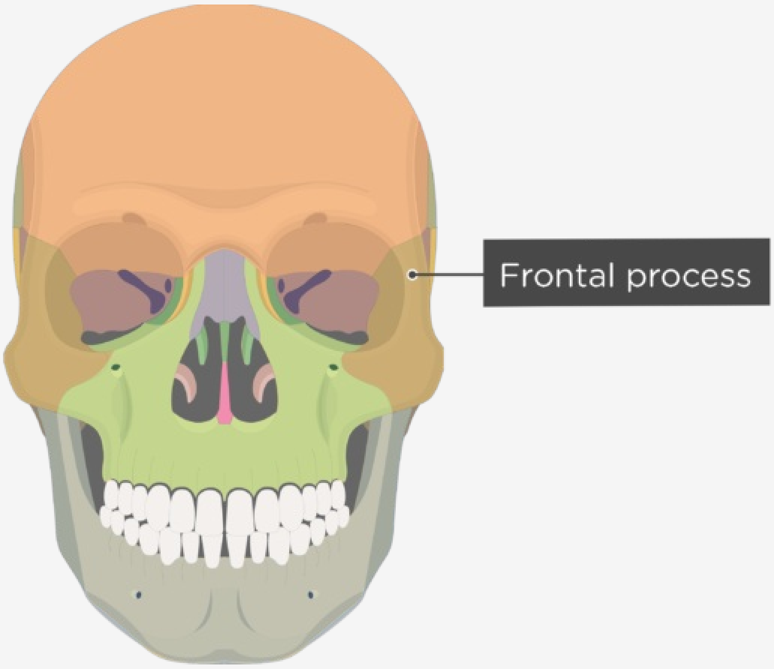
> nice. finally someone that is also autistic enough to spend time thinking about sphenoid positioning and its effect on facial appearance 🥰 . i have though about this concept of eye socket depth at some point in the past yet dropped it when i could find little documentation on it and no one lookism found it to be particularly interesting, though i admittedly did not search intensively. i kind of dropped this subject from my mind after this, until a few days ago. i was looking for more documentation on the differences in cranial morphology between asians and caucasians in relation to above discussion (which i failed to find reliable sources or time to read for) when i stumbled upon someone mention socket depth, im pretty sure it was on quora or smth. the claim was that caucasians, on average, had much deeper eye sockets, which explaind why asians tend to have bug eyes and caucasians tend to have more deep set eyes. on lookism im pretty sure people tend to blame something vague like "orbital recession" for bug eyes which i dont find particularly convincing (look at some asian skulls vs caucasian skulls tbh), eye socket depth seems like a much more reliable and intuitive explanation. with this cranial base thing theres even a general facial pattern to be ascribed to people with bug eyes and an explanatory factor for socket depth, which altogether seems like the base for a theory.
>
> in short yes i do think it has an impact. might research it in a month or so when i have more free time. glad you brought this up. tag me if youre going to dive further bb 🥰
>
> ---
>
> on a second thought i do actually think "orbital recession" kind of fits. that is, if you read recession as recession relative to posterior socket wall (as opposed to rest of the face or adjacent facial areas), which is a connection i have myself never made. lack of orbital projection would better fit this in terms of termology presented in this thread.

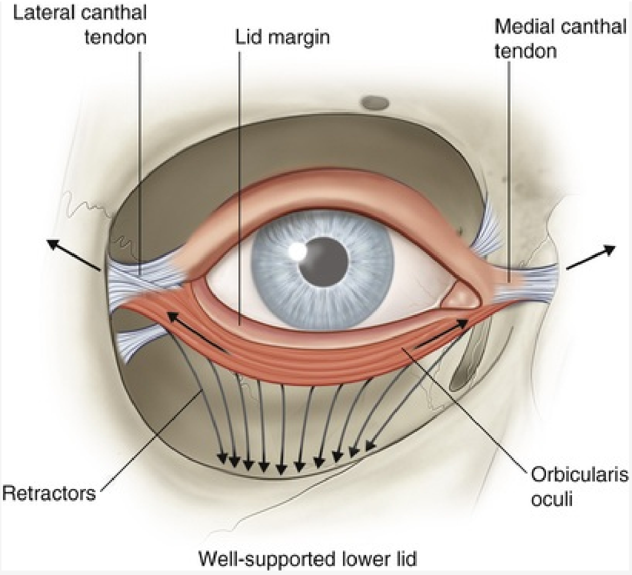
Yeah, I'm referring to supraorbital mostly, the tilt on the lateral sides to be more specific:



I believe this is the biggest cause, although not the only, of negative canthal tilt.

Because the lateral canthal tendon is attached right below the frontal process





So a supraorbital tilt like the PLS+1 would push the frontal process more down while the medial canthal tilt stays on the same place, causing the negative tilt.

About the second part, I got some studies to read later about the subject

"Craniofacial differences between Japanese and British Caucasian females with a skeletal Class III malocclusion"
"Morphometric analysis of the cranial base in Asians"
"Sphenoid shortening and the evolution of modern human cranial shape" (only found on sci-hub)

"Thin-plate spline analysis of the cranial base in African, Asian and European populations and its relationship with different malocclusions"
"Photo-Realistic Statistical Skull Morphotypes: New Exemplars for Ancestry and Sex Estimation in Forensic Anthropology"

One interesting thing is that indeed the S-N distance on asian is shorter compared to caucasian on this study (Craniofacial differences between Japanese and British Caucasian females with a skeletal Class III malocclusion)

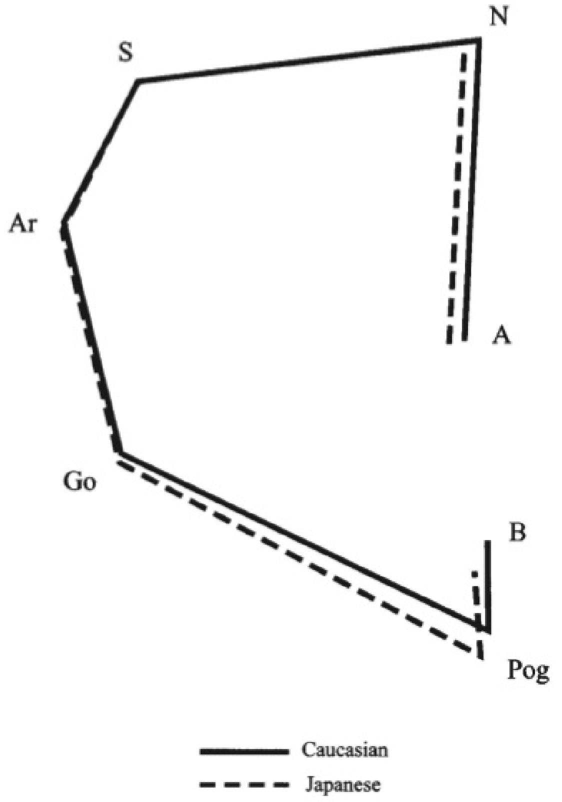
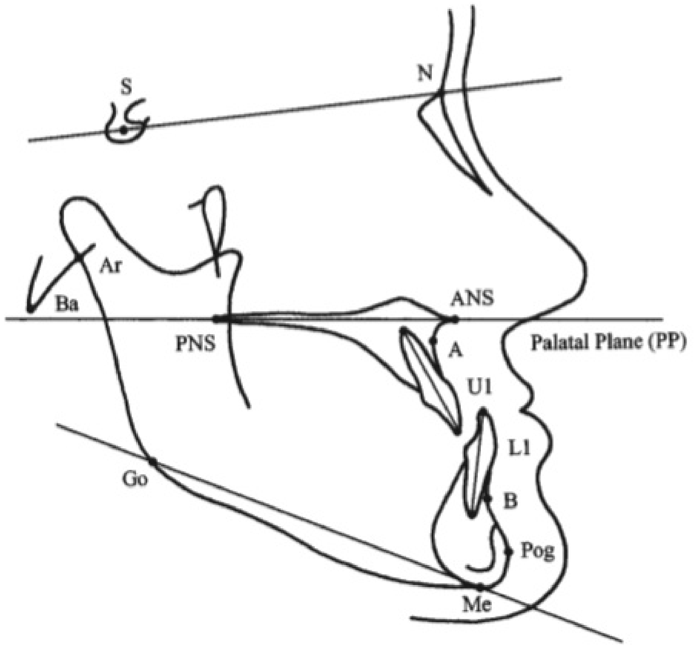
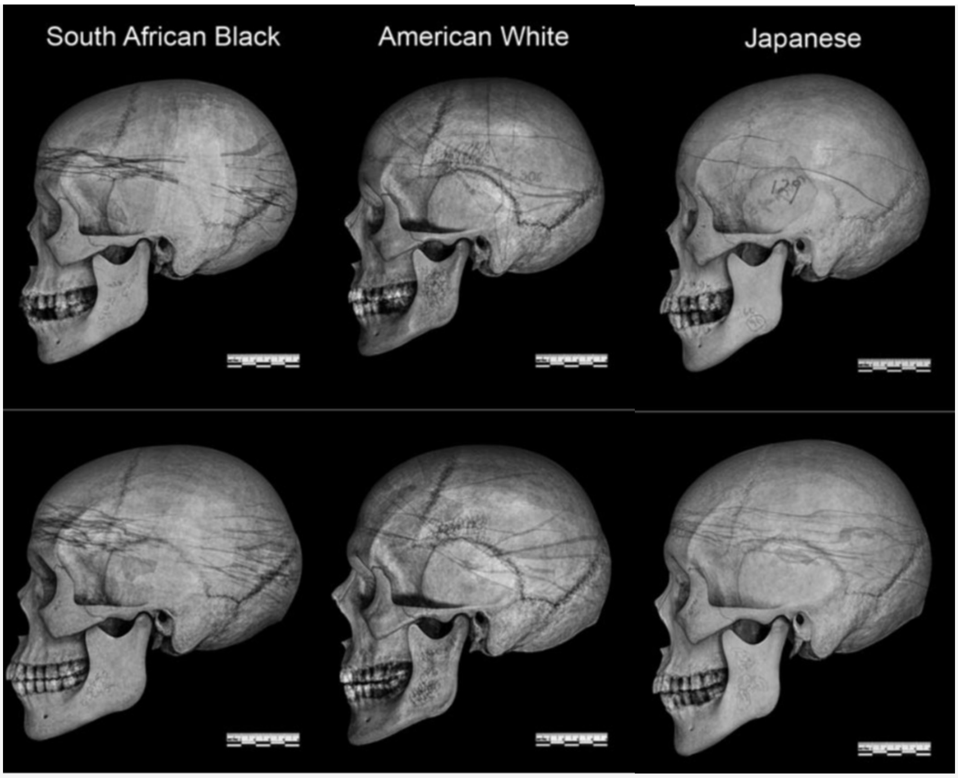


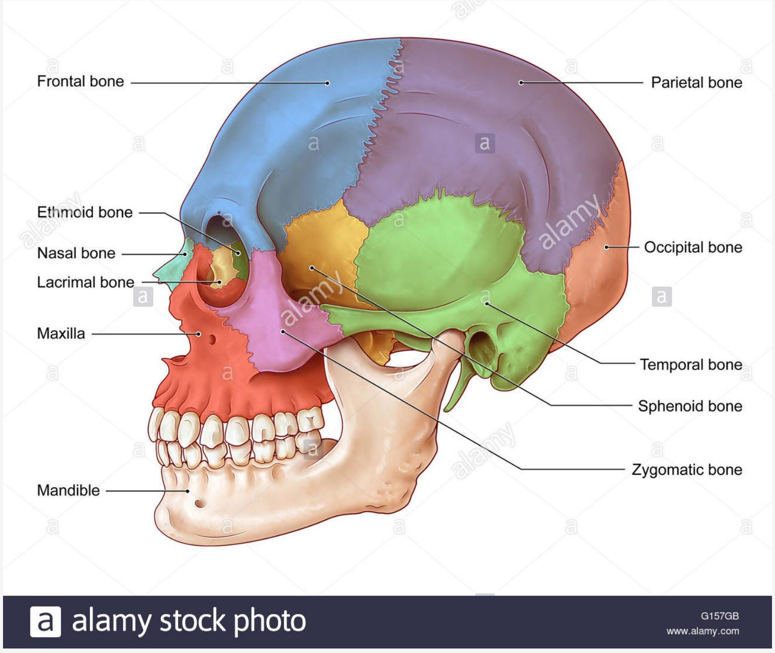
Figure 2 Comparison between representative landmarks of Japanese and Caucasian with severe Class III malocclusions.



Although this was measured on people with malocclusion



The interesting thing is that indeed Asians lack the orbital projection, and looking at the sphenoid bone from this view, it seems to be on the same place compared to the SAB and AW



Apparently, what causes this is the anterior cranial fossae being shorter. I'll have to check the article again to see what happens on the PLS with a shorter anterior fossa though

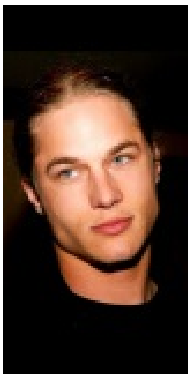
One thing that I read was that asians have bigger brains (one of the hypotheses is because of the lower temperatures), maybe that could be the cause of having a shorter anterior fossae to give more space to the brain on the middle and posterior fossae.

It would be interesting to find some tribes on cloud climates and non-mongoloid that lacks that kind of projection or socket deepth

SUBSCRIBE: NEW VIDEO IS OUT!

Website Find

Reply



DickKickem

Senior Member

★★

Posts: 402
Threads: 1
Joined: Dec 2018
Reputation: **126**

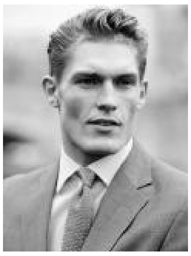
05-29-2019, 01:43 PM

#46

Finally some good fucking content, this is why I come here

Find

Reply



61mmAGDordeath

Senior Member

★★

HQNP

Posts: 564
Threads: 8
Joined: Dec 2018
Reputation: **2,789**

05-29-2019, 04:57 PM

#47

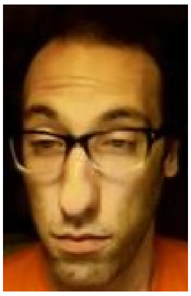
> **GWPRG Wrote:** (05-28-2019, 09:40 PM)
>
> A justified question. In reality, the sphenoid, although being pulled down, does not itself move down**. Rather, this leverage is redirected to the cranial floor and the facial bones, both of which then rotate up to more closely match the height of the sphenoid, as can be seen in the purple gif.** This is largely because the sphenoid functions as kind of a keystone (i.e. the top-most brick in an arch made of bricks that holds the arch together). **The rest of the skull revolves around it.** So in a way nudging the sphenoid is more about nudging everything but the sphenoid.
>
> I forgot to mention that the anterior part of the temporalis muscle lies on top of the greater wings of the sphenoid, which probably plays into the narrowing of the temple area that is seen as you move into positive PLS1. **The way I see it is that activating the temporalis ends up "squeezing" the sphenoid from the sides.**

extremely interesting. youre leagues ahead of me ngl. did you come to this understanding of dynamics all by yourself(/trough irl means) or is there some unknown online community i am not participating in? do you have any resources to share?

i think i understand the leverages thing now, though i have never been able to include understanding of force direction or general physics in my strenghts.

Find

Reply



Narrow-Faced Nancy

Senior Member

★★

TRUECEL

Posts: 509
Threads: 8
Joined: May 2019
Reputation: **351**

05-29-2019, 05:04 PM (This post was last modified: 05-29-2019, 05:04 PM by Narrow-Faced Nancy.) **#48**

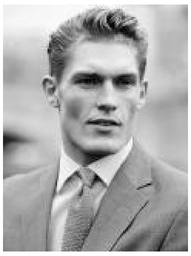
only some Asians have shallow orbital sockets and bug eyes. some Asians have ante faces with slayer bones.

I am a weak jawed faggot from the shallow end of the gene pool.

At least I'm not a shitskined Indian

Find

Reply



61mmAGDordeath

Senior Member

★★

HQNP

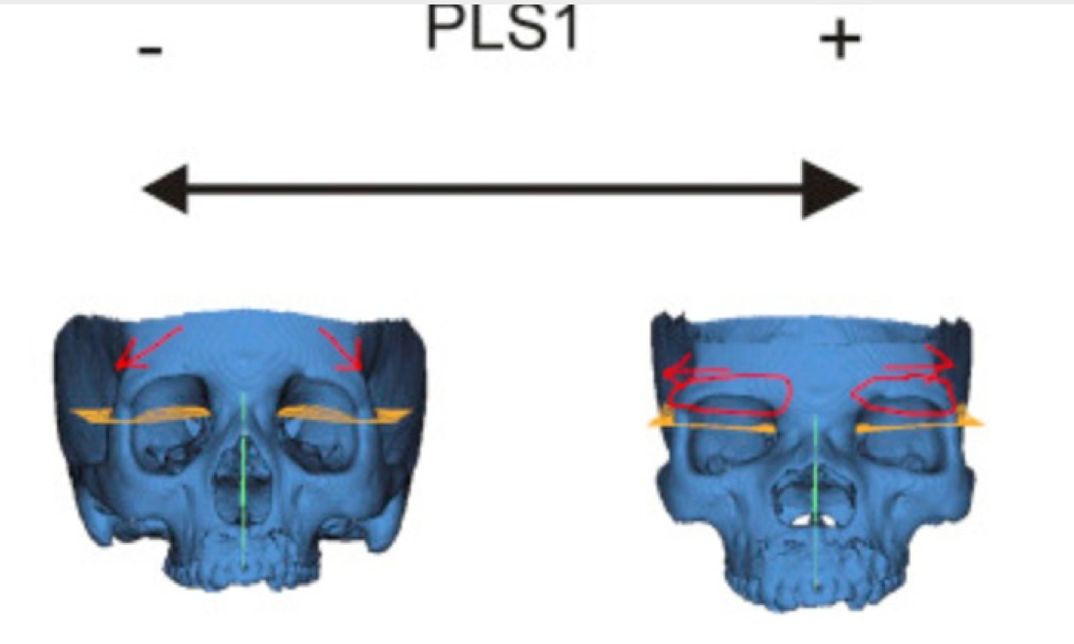
Posts: 564
Threads: 8
Joined: Dec 2018
Reputation: **2,789**

05-29-2019, 05:23 PM **#49**

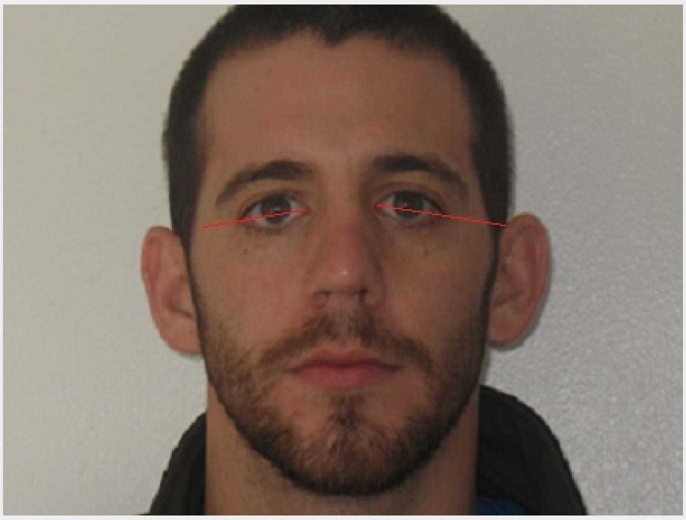
> **Deliciadecu Wrote:** (05-29-2019, 01:28 PM)
>
> > **61mmAGDordeath Wrote:** (05-28-2019, 05:55 PM)
> >
> > i have some trouble deciphering what you mean with "brow ridge", are you referring to supraorbitals?
> >
> > nice. finally someone that is also autistic enough to spend time thinking about sphenoid positioning and its effect on facial appearance . i have though about this concept of eye socket depth at some point in the past yet dropped it when i could find little documentation on it and no one lookism found it to be particularly interesting, though i admittedly did not search intensively. i kind of dropped this subject from my mind after this, until a few days ago. i was looking for more documentation on the differences in cranial morphology between asians and caucasians in relation to above discussion (which i failed to find reliable sources or time to read for) when i stumbled upon someone mention socket depth, im pretty sure it was on quora or smth. the claim was that caucasians, on average, had much deeper eye sockets, which explaind why asians tend to have bug eyes and caucasians tend to have more deep set eyes. on lookism im pretty sure people tend to blame something vague like "orbital recession" for bug eyes which i dont find particularly convincing (look at some asian skulls vs caucasian skulls tbh), eye socket depth seems like a much more reliable and intuitive explanation. with this cranial base thing theres even a general facial pattern to be ascribed to people with bug eyes and an explanatory factor for socket depth, which altogether seems like the base for a theory.

> in short yes i do think it has an impact. might research it in a month or so when i have more free time. glad you brought this up. tag me if youre going to dive further bb 🥰
>
> ---
>
> on a second thought i do actually think "orbital recession" kind of fits. that is, if you read recession as recession relative to posterior socket wall (as opposed to rest of the face or adjacent facial areas), which is a connection i have myself never made. lack of orbital projection would better fit this in terms of termology presented in this thread.

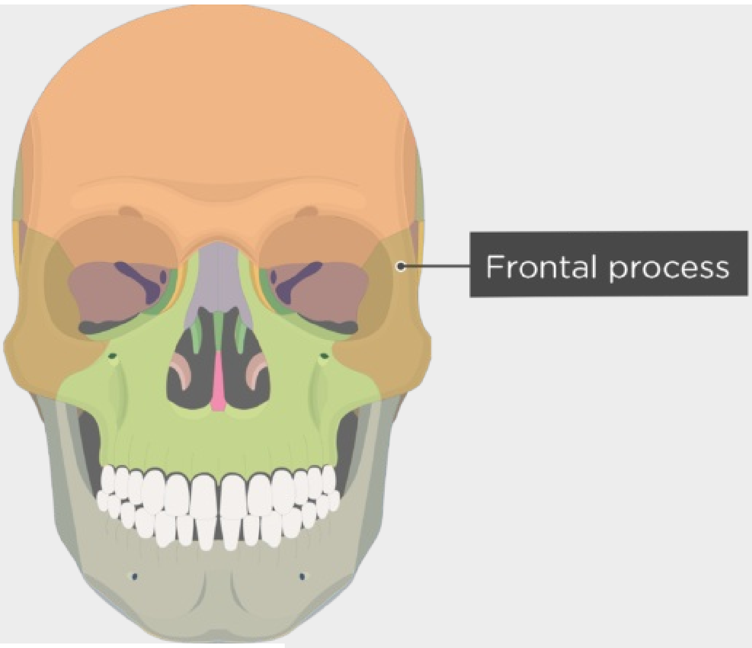
Yeah, I'm referring to supraorbital mostly, the tilt on the lateral sides to be more specific:

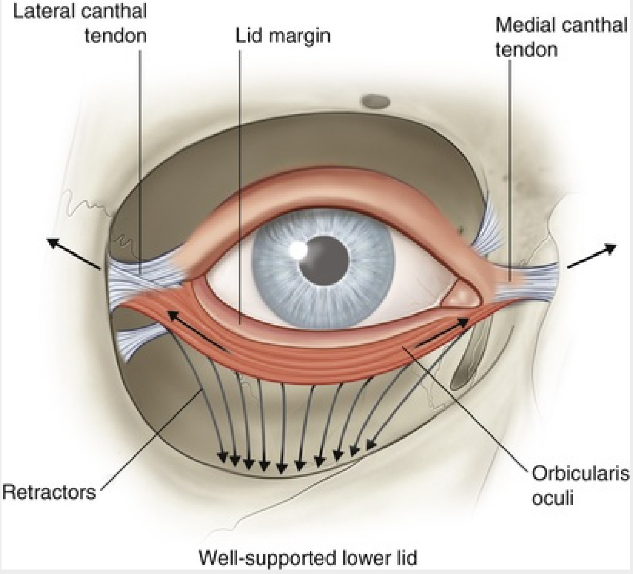


I believe this is the biggest cause, although not the only, of negative canthal tilt.



Because the lateral canthal tendon is attached right below the frontal process





> So a supraorbital tilt like the PLS+1 would push the frontal process more down while the medial canthal tilt stays on the same place, causing the negative tilt.

yes. i thorougly agree with this part. i have written about it before in https://lookism.net/Thread-Theory-on-canthal-tilt , in my purely logical understanding, the more general 'socket tilt' is the one factor that could influence canthal tilt (outside of large deviations in placement of canthal tendon attachments, which i am not sure ever occur), this would always be reflected in supra- and infraorbital tilt. cant be of help to you in explaining why this tilt might be particularly negative or particularly neutral. in my original thread, i hypothesized midfacial support, which i found and still find not that convincing.

> **Quote:**
>
> About the second part, I got some studies to read later about the subject
>
> "Craniofacial differences between Japanese and British Caucasian females with a skeletal Class III malocclusion"
> "Morphometric analysis of the cranial base in Asians"
> "Sphenoid shortening and the evolution of modern human cranial shape" (only found on sci-hub)
>
> "Thin-plate spline analysis of the cranial base in African, Asian and European populations and its relationship with different malocclusions"
> "Photo-Realistic Statistical Skull Morphotypes: New Exemplars for Ancestry and Sex Estimation in Forensic Anthropology"
>
> One interesting thing is that indeed the S-N distance on asian is shorter compared to caucasian on this study
> (Craniofacial differences between Japanese and British Caucasian females with a skeletal Class III malocclusion)

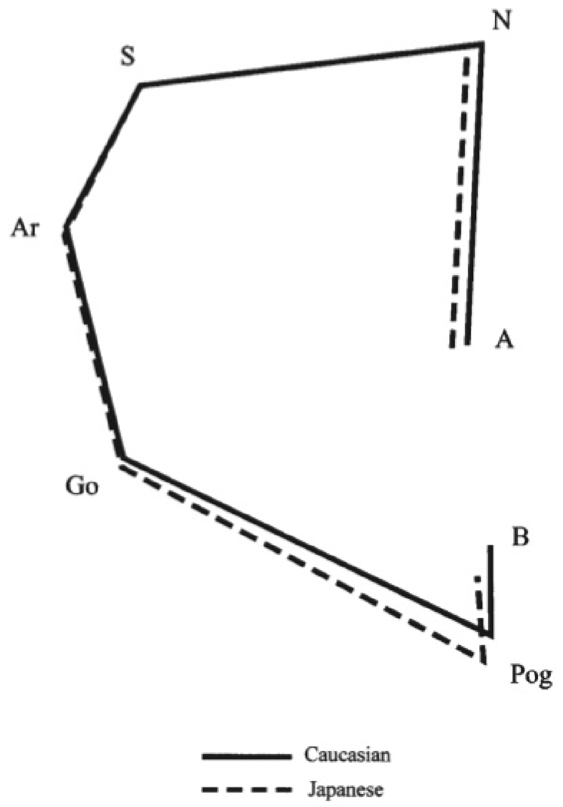
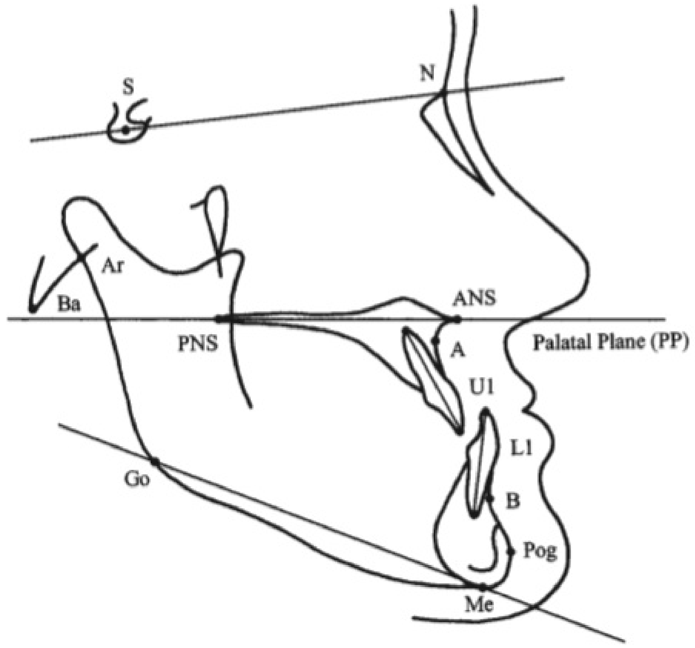
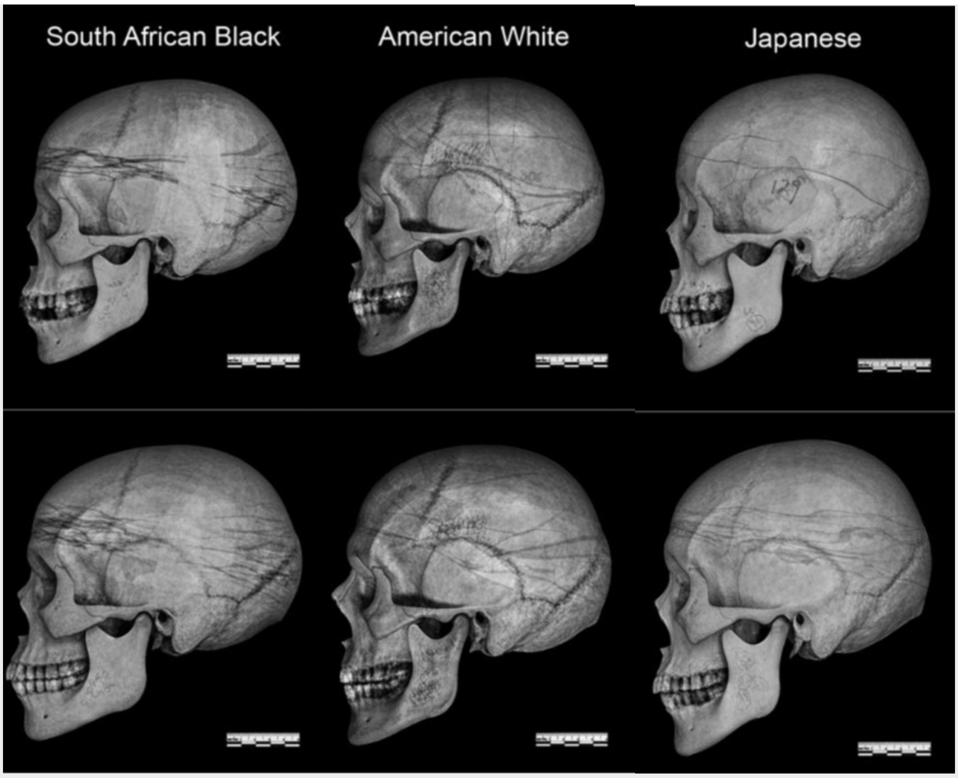


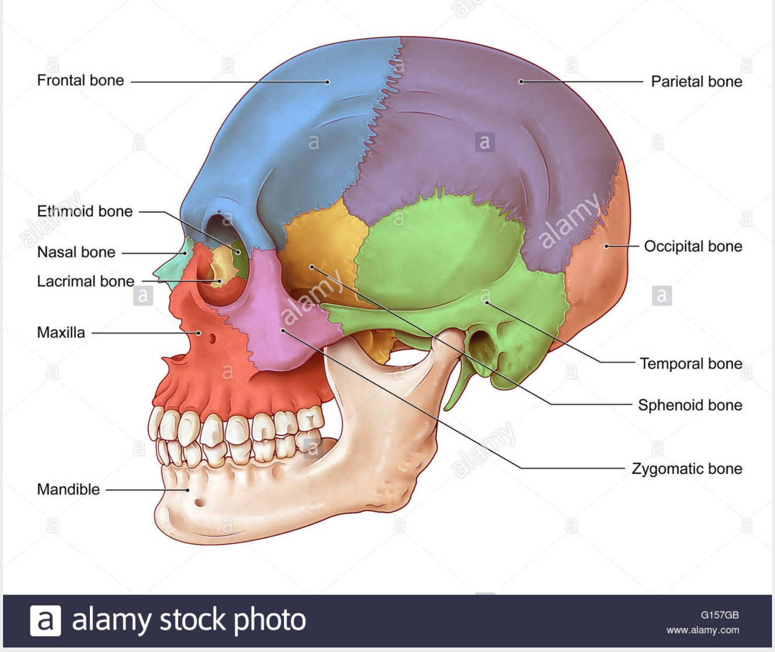
Figure 2 Comparison between representative landmarks of Japanese and Caucasian with severe Class III malocclusions.



Although this was measured on people with malocclusion



The interesting thing is that indeed Asians lack the orbital projection, and looking at the sphenoid bone from this view, it seems to be on the same place compared to the SAB and AW



alamy stock photo
G157GB
www.alamy.com

Apparently, what causes this is the anterior cranial fossae being shorter. I'll have to check the article again to see what happens on the PLS with a shorter anterior fossa though

One thing that I read was that asians have bigger brains (one of the hypotheses is because of the lower temperatures), maybe that could be the cause of having a shorter anterior fossae to give more space to the brain on the middle and posterior fossae.

It would be interesting to find some tribes on cloud climates and non-mongoloid that lacks that kind of projection or socket deepth

i will look into the studies on a later date, they look promising though.

interestingly, negative pls1 had a longer anterior cranial floor, positive pls1 had a shorter anterior cranial floor. it is interesting that asians have a shorter anterior cranial floor while severely lacking orbital projection, i would expect the exact opposite. at some point in the future i will read up on this more thorougly and provide you with some better material for discourse, very time and energy constrained now. thanks for this effort mang, you too @**GWPRG** .

Find

Reply

GWPRG

Newbie

Posts: 4
Threads: 0
Joined: May 2019
Reputation: **260**

05-29-2019, 05:45 PM (This post was last modified: 05-29-2019, 05:52 PM by GWPRG.)

#50

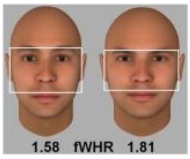
> **61mmAGDordeath Wrote:** (05-29-2019, 04:57 PM)
>
> > **GWPRG Wrote:** (05-28-2019, 09:40 PM)
> >
> > A justified question. In reality, the sphenoid, although being pulled down, does not itself move down**. Rather, this leverage is redirected to the cranial floor and the facial bones, both of which then rotate up to more closely match the height of the sphenoid, as can be seen in the purple gif.** This is largely because the sphenoid functions as kind of a keystone (i.e. the top-most brick in an arch made of bricks that holds the arch together). **The rest of the skull revolves around it.** So in a way nudging the sphenoid is more about nudging everything but the sphenoid.
> >
> > I forgot to mention that the anterior part of the temporalis muscle lies on top of the greater wings of the sphenoid, which probably plays into the narrowing of the temple area that is seen as you move into positive PLS1. **The way I see it is that activating the temporalis ends up "squeezing" the sphenoid from the sides.**
>
> extremely interesting. youre leagues ahead of me ngl. did you come to this understanding of dynamics all by yourself(/trough irl means) or is there some unknown online community i am not participating in? do you have any resources to share?
>
> i think i understand the leverages thing now, though i have never been able to include understanding of force direction or general physics in my strenghts.

I have been studying cranial anatomy and experimenting on myself for the past three years, most of my knowledge is really just an assorted pile of downloaded pictures (the ones you posted have been a great addition) and unconventinoal ideas that I have attempted to piece together into a more cohesive framework. Beyond the-great-work, I'm not sure if these subjects are discussed anywhere online. Reddit has a dedicated sub for orthotropics, but as a platform it is not very conducive to quality discussion, as you probably know.

Straight from the beginning I had an intuitive conviction that in one way or another, mewing was going to work, which enabled me to focus all my energies on figuring out HOW to make it work.

Find

Reply



Corpsehound

Senior Member

★★

Posts: 453

05-29-2019, 06:06 PM (This post was last modified: 05-29-2019, 06:11 PM by Corpsehound.)

#51

YAKUB ANTERIUUS = XVII + II

I am a strong believer this is determined by prenatal testosterone as prenatal testosterone causes wider faces

@**OneChoice** gtfih boyo your signature is legit

If you offend me you are going on my ignore list

Threads: 49
Joined: May 2019
Reputation: **221**

Find

Reply

Deliciadecu

Beauty is DEAD

★★★★★

Posts: 4,285
Threads: 319
Joined: Jan 2019
Reputation: **8,870**

05-30-2019, 04:43 PM

#52

> **Corpsehound Wrote:** (05-29-2019, 06:06 PM)
>
> I am a strong believer this is determined by prenatal testosterone as prenatal testosterone causes wider faces

Not necessarily, it could be a correlation or effect only, not a cause. Cranial base is probably more determined by brain size + development in the womb + development post-natal (how baby's heads rest while they sleep)

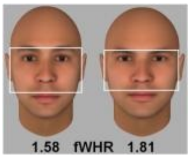
---

about @**GWPRG** I'll read later, too much information to process rn

SUBSCRIBE: NEW VIDEO IS OUT!

Website Find

Reply



Corpsehound

Senior Member

★★

Posts: 453
Threads: 49
Joined: May 2019
Reputation: **221**

05-30-2019, 05:14 PM

#53

> **Deliciadecu Wrote:** (05-30-2019, 04:43 PM)
>
> > **Corpsehound Wrote:** (05-29-2019, 06:06 PM)
> >
> > I am a strong believer this is determined by prenatal testosterone as prenatal testosterone causes wider faces
>
> Not necessarily, it could be a correlation or effect only, not a cause. Cranial base is probably more determined by brain size + development in the womb + development post-natal (how baby's heads rest while they sleep)
>
> ---
>
> about @**GWPRG** I'll read later, too much information to process rn

Very interesting, I have dichiologhy or idk how they say it? I forgot, but I have always slept on my sides so this is very interesting.

If you offend me you are going on my ignore list

Find

Reply

Deliciadecu

Beauty is DEAD

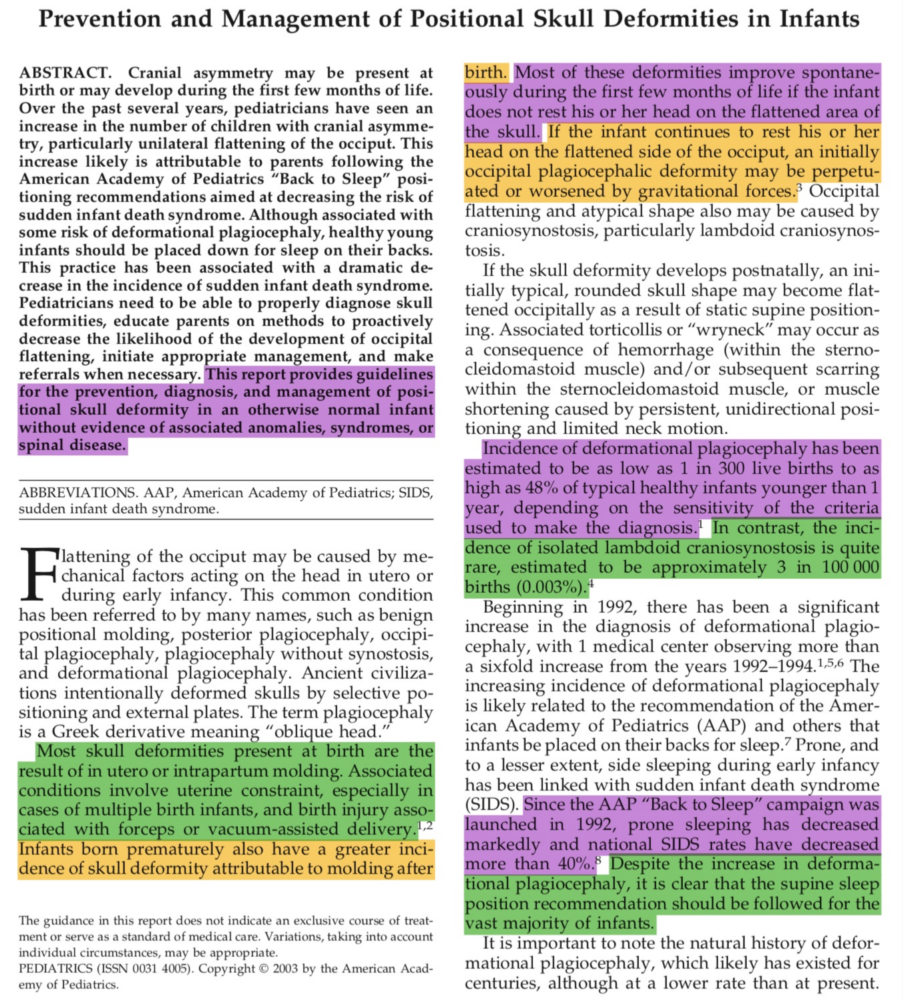
Posts: 4,285
Threads: 319
Joined: Jan 2019
Reputation: 8,870

05-30-2019, 05:34 PM #54

> **Corpsehound Wrote:** (05-30-2019, 05:14 PM)
>
> > **Deliciadecu Wrote:** (05-30-2019, 04:43 PM)
> >
> > Not necessarily, it could be a correlation or effect only, not a cause. Cranial base is probably more determined by brain size + development in the womb + development post-natal (how baby's heads rest while they sleep)
> >
> > ---
> >
> > about @**GWPRG** I'll read later, too much information to process rn
>
> Very interesting, I have dichiologhy or idk how they say it? I forgot, but I have always slept on my sides so this is very interesting.

dolichocephalic

yeah, sleeping on the sides causes that. There's a study about the increase of brachiocephalics in the USA because the pediatric association suggesting moms to make their babies sleep on their backs to avoid Sudden infant death syndrome



Prevention and Management of Positional Skull Deformities in Infants

ABSTRACT. Cranial asymmetry may be present at birth or may develop during the first few months of life. Over the past several years, pediatricians have seen an increase in the number of children with cranial asymmetry, particularly unilateral flattening of the occiput. This increase likely is attributable to parents following the American Academy of Pediatrics "Back to Sleep" positioning recommendations aimed at decreasing the risk of sudden infant death syndrome. Although associated with some risk of deformational plagiocephaly, healthy young infants should be placed down for sleep on their backs. This practice has been associated with a dramatic decrease in the incidence of sudden infant death syndrome. Pediatricians need to be able to properly diagnose skull deformities, educate parents on methods to proactively decrease the likelihood of the development of occipital flattening, initiate appropriate management, and make referrals when necessary. This report provides guidelines for the prevention, diagnosis, and management of positional skull deformity in an otherwise normal infant without evidence of associated anomalies, syndromes, or spinal disease.

ABBREVIATIONS. AAP, American Academy of Pediatrics; SIDS, sudden infant death syndrome.

Flattening of the occiput may be caused by mechanical factors acting on the head in utero or during early infancy. This common condition has been referred to by many names, such as benign positional molding, posterior plagiocephaly, occipital plagiocephaly, plagiocephaly without synostosis, and deformational plagiocephaly. Ancient civilizations intentionally deformed skulls by selective positioning and external plates. The term plagiocephaly is a Greek derivative meaning "oblique head."

Most skull deformities present at birth are the result of in utero or intrapartum molding. Associated conditions involve uterine constraint, especially in cases of multiple birth infants, and birth injury associated with forceps or vacuum-assisted delivery.[1,2] Infants born prematurely also have a greater incidence of skull deformity attributable to molding after birth. Most of these deformities improve spontaneously during the first few months of life if the infant does not rest his or her head on the flattened area of the skull. If the infant continues to rest his or her head on the flattened side of the occiput, an initially occipital plagiocephalic deformity may be perpetuated or worsened by gravitational forces.[3] Occipital flattening and atypical shape also may be caused by craniosynostosis, particularly lambdoid craniosynostosis.

If the skull deformity develops postnatally, an initially typical, rounded skull shape may become flattened occipitally as a result of static supine positioning. Associated torticollis or "wryneck" may occur as a consequence of hemorrhage (within the sternocleidomastoid muscle) and/or subsequent scarring within the sternocleidomastoid muscle, or muscle shortening caused by persistent, unidirectional positioning and limited neck motion.

Incidence of deformational plagiocephaly has been estimated to be as low as 1 in 300 live births to as high as 48% of typical healthy infants younger than 1 year, depending on the sensitivity of the criteria used to make the diagnosis.[1] In contrast, the incidence of isolated lambdoid craniosynostosis is quite rare, estimated to be approximately 3 in 100 000 births (0.003%).[4]

Beginning in 1992, there has been a significant increase in the diagnosis of deformational plagiocephaly, with 1 medical center observing more than a sixfold increase from the years 1992–1994.[1,5,6] The increasing incidence of deformational plagiocephaly is likely related to the recommendation of the American Academy of Pediatrics (AAP) and others that infants be placed on their backs for sleep.[7] Prone, and to a lesser extent, side sleeping during early infancy has been linked with sudden infant death syndrome (SIDS). Since the AAP "Back to Sleep" campaign was launched in 1992, prone sleeping has decreased markedly and national SIDS rates have decreased more than 40%.[8] Despite the increase in deformational plagiocephaly, it is clear that the supine sleep position recommendation should be followed for the vast majority of infants.

It is important to note the natural history of deformational plagiocephaly, which likely has existed for centuries, although at a lower rate than at present.

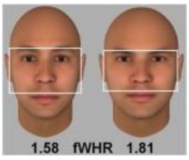
The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

PEDIATRICS (ISSN 0031 4005). Copyright © 2003 by the American Academy of Pediatrics.

SUBSCRIBE: NEW VIDEO IS OUT!

Website   Find

Reply

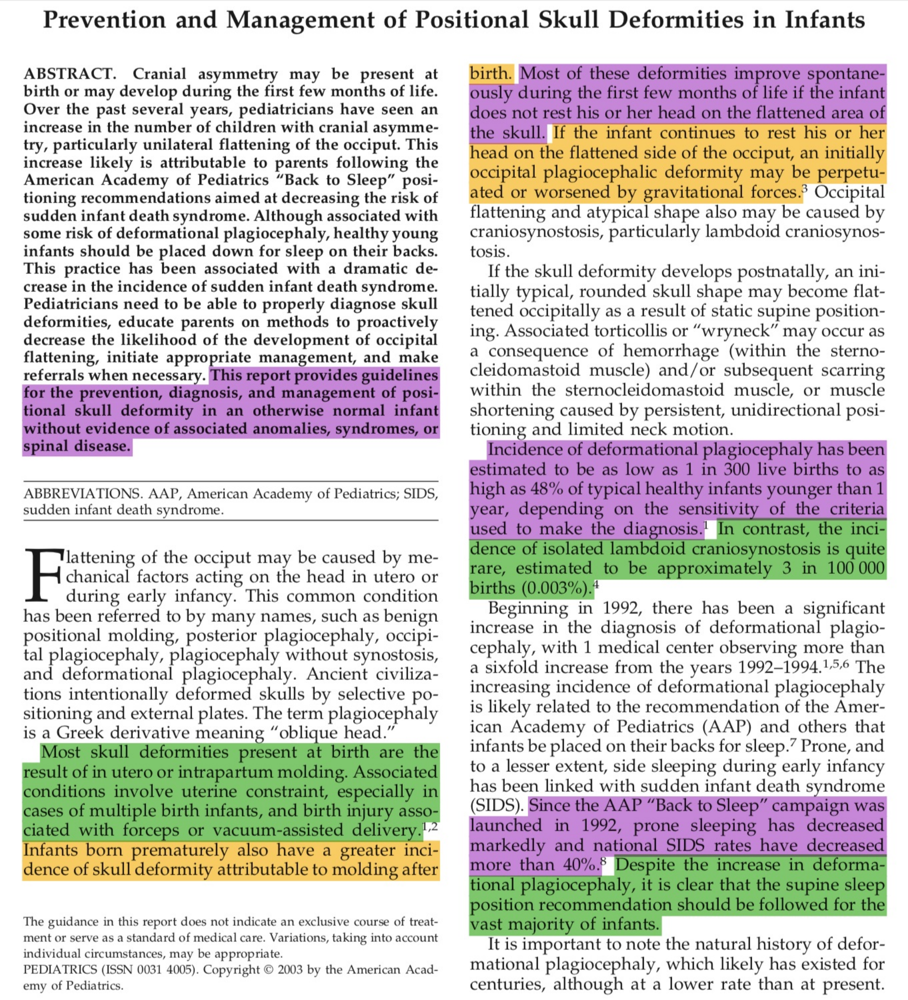


Corpsehound
Senior Member
★★

Posts: 453
Threads: 49
Joined: May 2019
Reputation: 221

05-30-2019, 05:38 PM

#55

> **Deliciadecu Wrote:** (05-30-2019, 05:34 PM)
>
> > **Corpsehound Wrote:** (05-30-2019, 05:14 PM)
> >
> > Very interesting, I have dichiologhy or idk how they say it? I forgot, but I have always slept on my sides so this is very interesting.
>
> dolichocephalic
>
> yeah, sleeping on the sides causes that. There's a study about the increase of brachiocephalics in the USA because the pediatric association suggesting moms to make their babies sleep on their backs to avoid Sudden infant death syndrome
>
> 
>
> ### Prevention and Management of Positional Skull Deformities in Infants
>
> **ABSTRACT. Cranial asymmetry may be present at birth or may develop during the first few months of life. Over the past several years, pediatricians have seen an increase in the number of children with cranial asymmetry, particularly unilateral flattening of the occiput. This increase likely is attributable to parents following the American Academy of Pediatrics "Back to Sleep" positioning recommendations aimed at decreasing the risk of sudden infant death syndrome. Although associated with some risk of deformational plagiocephaly, healthy young infants should be placed down for sleep on their backs. This practice has been associated with a dramatic decrease in the incidence of sudden infant death syndrome. Pediatricians need to be able to properly diagnose skull deformities, educate parents on methods to proactively decrease the likelihood of the development of occipital flattening, initiate appropriate management, and make referrals when necessary. This report provides guidelines for the prevention, diagnosis, and management of positional skull deformity in an otherwise normal infant without evidence of associated anomalies, syndromes, or spinal disease.**
>
> ABBREVIATIONS. AAP, American Academy of Pediatrics; SIDS, sudden infant death syndrome.
>
> Flattening of the occiput may be caused by mechanical factors acting on the head in utero or during early infancy. This common condition has been referred to by many names, such as benign positional molding, posterior plagiocephaly, occipital plagiocephaly, plagiocephaly without synostosis, and deformational plagiocephaly. Ancient civilizations intentionally deformed skulls by selective positioning and external plates. The term plagiocephaly is a Greek derivative meaning "oblique head."
>
> Most skull deformities present at birth are the result of in utero or intrapartum molding. Associated conditions involve uterine constraint, especially in cases of multiple birth infants, and birth injury associated with forceps or vacuum-assisted delivery.[1,2] Infants born prematurely also have a greater incidence of skull deformity attributable to molding after birth. Most of these deformities improve spontaneously during the first few months of life if the infant does not rest his or her head on the flattened area of the skull. If the infant continues to rest his or her head on the flattened side of the occiput, an initially occipital plagiocephalic deformity may be perpetuated or worsened by gravitational forces.[3] Occipital flattening and atypical shape also may be caused by craniosynostosis, particularly lambdoid craniosynostosis.
>
> If the skull deformity develops postnatally, an initially typical, rounded skull shape may become flattened occipitally as a result of static supine positioning. Associated torticollis or "wryneck" may occur as a consequence of hemorrhage (within the sternocleidomastoid muscle) and/or subsequent scarring within the sternocleidomastoid muscle, or muscle shortening caused by persistent, unidirectional positioning and limited neck motion.
>
> Incidence of deformational plagiocephaly has been estimated to be as low as 1 in 300 live births to as high as 48% of typical healthy infants younger than 1 year, depending on the sensitivity of the criteria used to make the diagnosis.[1] In contrast, the incidence of isolated lambdoid craniosynostosis is quite rare, estimated to be approximately 3 in 100 000 births (0.003%).[4]
>
> Beginning in 1992, there has been a significant increase in the diagnosis of deformational plagiocephaly, with 1 medical center observing more than a sixfold increase from the years 1992–1994.[1,5,6] The increasing incidence of deformational plagiocephaly is likely related to the recommendation of the American Academy of Pediatrics (AAP) and others that infants be placed on their backs for sleep.[7] Prone, and to a lesser extent, side sleeping during early infancy has been linked with sudden infant death syndrome (SIDS). Since the AAP "Back to Sleep" campaign was launched in 1992, prone sleeping has decreased markedly and national SIDS rates have decreased more than 40%.[8] Despite the increase in deformational plagiocephaly, it is clear that the supine sleep position recommendation should be followed for the vast majority of infants.
>
> It is important to note the natural history of deformational plagiocephaly, which likely has existed for centuries, although at a lower rate than at present.
>
> The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
>
> PEDIATRICS (ISSN 0031 4005). Copyright © 2003 by the American Academy of Pediatrics.

Very interesting, you earned a new sub to your channel bro.

If you offend me you are going on my ignore list

Find

Reply

Lonamiam
Member
★

Posts: 209
Threads: 46
Joined: Feb 2018
Reputation: **20**

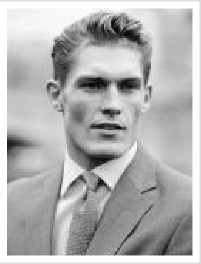
Find

05-30-2019, 10:24 PM **#56**

Once I'm done with the exams I will read every single word on here. Repped

List of non-toxic and physical sunscreens (SPF 50+)

Reply



61mmAGDordeath
Senior Member
★★
HQNP

Posts: 564
Threads: 8
Joined: Dec 2018
Reputation: **2,789**

05-31-2019, 07:41 AM **#57**

> **GWPRG Wrote:** (05-29-2019, 05:45 PM)
>
> > **61mmAGDordeath Wrote:** (05-29-2019, 04:57 PM)
> >
> > extremely interesting. youre leagues ahead of me ngl. did you come to this understanding of dynamics all by yourself(/trough irl means) or is there some unknown online community i am not participating in? do you have any resources to share?
> >
> > i think i understand the leverages thing now, though i have never been able to include understanding of force direction or general physics in my strenghts.
>
> I have been studying cranial anatomy and experimenting on myself for the past three years, most of my knowledge is really just an assorted pile of downloaded pictures (the ones you posted have been a great addition) and unconventinoal ideas that I have attempted to piece together into a more cohesive framework. Beyond the-great-work, I'm not sure if these subjects are discussed anywhere online. Reddit has a dedicated sub for orthotropics, but as a platform it is not very conducive to quality discussion, as you probably know.
>
> Straight from the beginning I had an intuitive conviction that in one way or another, mewing was going to work, which enabled me to focus all my energies on figuring out HOW to make it work.

shit man interesting back story. impressive.

if youre ever going to publish your pile please notify me 😍

Find

Reply

06-01-2019, 04:01 AM **#58**

One thing tho, what can be done with this info?

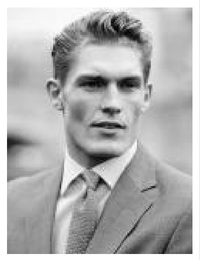
Corpsehound
Senior Member

Posts: 453
Threads: 49
Joined: May 2019
Reputation: **221**

Find

If you offend me you are going on my ignore list

Reply



61mmAGDordeath
Senior Member

HQNP

Posts: 564
Threads: 8
Joined: Dec 2018
Reputation: **2,789**

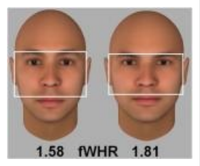
Find

06-01-2019, 02:24 PM **#59**

> **Corpsehound Wrote:** (06-01-2019, 04:01 AM)
>
> One thing tho, what can be done with this info?

furthering your understanding of facial patterns, which allows you to better understand and describe facial harmony, and your understanding of facial development and developmental dynamics. following this thread will also test (and perhaps polish) your understanding of the skull and its different areas.
can anything "be done" with this info? not more than you can with any theorizing about looks, perhaps even less since its rather abstract. i consider this a 'hobby' (nt), i like researching these things and broadening my understanding of an aera i am intersted in. perhaps the most practically applicable part of this thread are gwprg's posts on how this supports mewing, but then again, there allegedly is little change in the cranial base angle after the age of 6, which i imagine also somewhat applies to other cranial base properties. i doubt that anything will change your cranial base's orientation enough to have any relevant impact on further facial development after ending puberty; however, i am not the expert.

Reply



Corpsehound
Senior Member

Posts: 453
Threads: 49
Joined: May 2019
Reputation: **221**

06-01-2019, 02:29 PM **#60**

> **61mmAGDordeath Wrote:** (06-01-2019, 02:24 PM)
>
> > **Corpsehound Wrote:** (06-01-2019, 04:01 AM)
> >
> > One thing tho, what can be done with this info?
>
> furthering your understanding of facial patterns, which allows you to better understand and describe facial harmony, and your understanding of facial development and developmental dynamics. following this thread will also test (and perhaps polish) your understanding of the skull and its different areas.
> can anything "be done" with this info? not more than you can with any theorizing about looks, perhaps even less since its rather abstract. i consider this a 'hobby' (nt), i like researching these things and broadening my understanding of an aera i am intersted in. perhaps the most practically applicable part of this thread are gwprg's posts on how this supports mewing, but then again, there allegedly is little change in the cranial base angle after the age of 6, which i imagine also somewhat applies to other cranial base properties. i doubt that anything will change your cranial base's orientation enough to have any relevant impact on

> further facial development after ending puberty; however, i am not the expert.

So basically sleeping on your back is ideal?

If you offend me you are going on my ignore list

Find

Reply

« **Next Oldest** | **Next Newest** »

Enter Keywords

Search Thread

Pages (3): « Previous 1 **2** 3 Next »

Forum Jump: -- Looksmaxing Go

Contact Us Lookism.net Return to Top Lite (Archive) Mode RSS Syndication

Powered By MyBB, © 2002-2019 MyBB Group.